# MEMBERSHIP AGREEMENT

MEMBER INFORMATION Membership No.

|  |  |
| --- | --- |
| Title |  |
| First Name(s) |  |
| Surname |  |
| Gender |  |
| Date of Birth |  |
| E-mail Address |  |

|  |  |
| --- | --- |
| Home Phone |  |
| Mobile Phone |  |
| Home Address |  |
|  |  |
|  |  |
| Postcode |  |

|  |
| --- |
| **Student / ENU staff / standard**  *(please delete as applicable)* |
| **PAYG / Month / 3-months / Student Trimester / Student Double Trimester / Annual** *(please delete as applicable)* |

**Member Type**

**Membership Type**

**Payment for your chosen membership will be taken at the reception on your first visit.**

**Please note that we are a cashless venue.**

# Health Commitment Statement

Your health is your responsibility. The management and staff of this organisation are dedicated to helping you take every opportunity to enjoy the facilities that we offer. With this in mind, we have carefully considered what we can reasonably expect of each other.

**Our commitment to you:**

1. We will respect your personal decisions, and allow you to make your own decisions about what exercise you can carry out. However, we ask you not to exercise beyond what you should consider to be your own abilities.
2. We will make every reasonable effort to make sure that our equipment and facilities are in a safe condition for you to use and enjoy.
3. We will take all reasonable steps to make sure that our staff are qualified to the fitness industry standards as set out by the Register of Exercise Professionals.
4. If you tell us that you have a disability which puts you at a substantial disadvantage in accessing our equipment and facilities, we will consider what adjustments, if any, are reasonable for us to make.

**Your commitment to us:**

1. You should not exercise beyond your own abilities. If you know or are concerned that you have a medical condition which might interfere with you exercising safely, before you use our equipment

and facilities you should get advice from a relevant medical professional and follow that advice.

1. You should make yourself aware of any rules

and instructions, including warning notices. Exercise carries its own risks. You should not carry out any activities which you have been told are not suitable for you.

1. you should let us know immediately if you feel ill when using our equipment or facilities. Our staff members are not qualified doctors, but there will be a person available who has had first-aid training.
2. If you have a disability, you must follow any reasonable instructions to allow you to exercise safely.

This statement is for guidance only. It is not a legally binding agreement between you and us and does not create any obligations which you or we must meet.

**[EN]**GAGE will retain and use the personal information you have provided above strictly in

accordance with the General Data Protection Regulation (EU) 2016 for the purposes of processing your membership application, contacting you by your preferred phone number/email address about your gym membership, bookings and for preparing statistics.

**By signing this form, I confirm that I have read, understood and accepted the terms and conditions of membership.**

**I confirm I have completed an [EN]GAGE building tour explaining various H&S points and fire evacuation procedures (to be completed on your first visit).**

Member Signature

Date