|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

# Fast Track Membership Form

# 

# 

# (FILL IN BLOCK CAPITALS)

# 

HASU Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forenames: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you used a fitness centre before? YES / NO

Gym Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gym location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Commitment Statement**

I confirm that I have read and understood the Health Commitment Statement (located in the reception areas of Harper Adams SU Gym and upon request) and agree to abide by its terms and conditions. I know of no medical condition which might affect my ability to exercise safely and without risk to my health.

**Fitness Centre Induction**

All members are entitled to a free fitness centre induction which will show you how to safely use the equipment. If you need an induction or are unsure you must speak to a Gym Volunteer or email the given address on the SU website to arrange this.

**Declaration**

I understand that there is a risk associated with ALL forms of exercise and physical activity and by signing this form acknowledge that I have read and understood the Health Commitment Statement (located in the reception areas of Harper Adams SU Gym and upon request). I am a regular user of fitness centres and I am familiar with most fitness equipment. I will ask a qualified member of staff about any equipment I do not know how to use safely, or any exercises I have never undertaken before.

I confirm that the information given on this application is true, complete and accurate. I have read and understood the rules and regulations of the Harper Adams SU Gym (located in the reception areas of Harper Adams SU Gym and upon request).

I understand that it is my responsibility to:

* Inform the University of any changes to the information I have provided on this form
* Recognise and accept the inherent risk of injury and death associated with the activities and exercise I undertake
* Be Responsible for my own actions and involvement

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_