

PERSONAL DETAILS

TITLE _____ FIRST NAME _____ SURNAME _____ M / F

D.O.B ___/___/___ CONTACT DETAILS: (HOME) _____ (WORK) _____
(MOBILE) _____ EMAIL _____

POSTAL ADDRESS _____

SUBURB _____ P/ CODE _____

USQ Department/ Faculty _____

USQ Fit & Well Corporate Health Program Options.

Option 1

Membership of the USQ Fit & Well Corporate Health Program entitles you to:

- participate in the scheduled Corporate Health exercise classes (as per timetable).
- health assessment at the beginning of the program
- Reassessment at 6 months.
- Blood cholesterol testing.
- Access to Pedometer to monitor daily activity levels.
- Use of an exercise diary to record gym sessions.
- Regular emails with tips and information.

Yes, I would like to participate in the USQ Fit & Well Corporate Health Program.

Option 2

If you would like to utilise the facilities of the USQ Works in addition to the scheduled Corporate Health exercises classes you can take advantage of a special Membership. **\$21/month via Direct Debit**

This membership allows you access to the USQ Works and attendance to Group Exercise classes (excludes Special Programs).

Yes, I would like to join on the additional 6 month Fit & Well membership.

Special Partner Offer

As part of the USQ Fit & Well Corporate Health Program we would like to make available, to your partner, a special membership offer. A special Fit & Well Partner rate is available that will give them access to the gym and any Group exercise class or Corporate Health exercise class.

6 months for \$169.50

Yes, my partner would like to join on the special offer.

(Your partner will be required to fill in a separate membership form.)

I Understand information collected during the assessments will made be accessible to The USQ Student Guild, USQ Student Services, and USQ Safe.

Statistics gathered from the USQ Fit & Well Corporate Health program may be used, anonymously, in reports to parties outside of USQ.

I have read and agree to the above statement.

Signature: _____

MEMBERSHIP TERMS & CONDITIONS

Initials

I agree to fulfil the financial commitments of this membership agreement even in the event of me not attending 'the Club', or utilising its services..... []

I acknowledge that:

- I have read and understood 'The USQ Works' Membership procedures and agree to the same..... []
- If I believe there is a risk to my health by participating in a fitness service at this fitness centre, I must inform the centre in writing about the risk..... []
- I may be required to produce a Doctors clearance letter if any medical conditions I have could be adversely affected by exercise..... []
- During all times whilst on 'the Club/s' premises, that both my own property and my own person shall be at my own risk. I hereby certify that I have voluntarily elected to participate in exercise at 'the Club', and do not hold this organisation, or the people involved in the organisation, responsible for, and indemnify them from, any personal injury, loss or damage, which may occur as a result of my attendance at 'the Club'..... []
- If I elect to cancel my membership
 - (1) Within the 'Cooling off' period (48 hours from joining) I will receive a refund, less an administration fee of \$55.
 - (2) as a result of permanent sickness or physical incapacity, written notice and a medical certificate supporting permanent sickness or incapacity is required. An administration fee of \$55.00 will apply.
 - (3) for any other reason, that no refund of upfront payments is available and the minimum requirements of an Easy pay membership must be fulfilled.
 Written notice must be supplied for any cancellation reason..... []
- A towel must be used at all times during in the centre to cover exercise machines and remove sweat left on machines in the process of performing my exercise. I will not be able to use the facilities if I do not have a towel or appropriate enclosed shoes..... []
- 'the Club' reserves the right to extend or revoke this membership at any time without explanation and remove from the premises any member or person invited by him/ her who may be involved in unacceptable or inappropriate behaviour. No refund will be given to any Members or guests who are removed.... []

I, _____ am aware of the pricing structure and terms and conditions of The USQ Works membership and services.

SIGNATURE: _____ Date ___ / ___ / ___ Time: _____ am / pm



OFFICE USE ONLY

MEMBERSHIP

Membership Card No.: _____

Membership Type FITWEL DDFITWEL Partner Offer

Direct Debit Fee \$21/ month (Debit occurs on 28th of each month) Pro Rata \$ _____

Start Date: ___/___/___ Expiry Date: ___/___/___

PAYMENT

Payment Received \$ _____ Cash Credit EFTPOS Cheque

DATA ENTRY

Payment Details Entered [] Initials _____ Date ___/___/___

Member Details Entered [] Initials _____ Date ___/___/___