



**ROYAL BRIGHTON YACHT CLUB
APPLICATION FOR THE USE OF GYMNASIUM**

Ms

Miss

Mrs

Mr

Given Name

Surname

Date of Birth

Address:

No. Street

Suburb

Postcode

Phone No:

Home

Mobile

Work

Please read the questionnaire carefully and answer yes or no to each question.

Do you have any of the following?

- | | | | |
|--------------------------------------------------|-------|--------------------------------|-------|
| 1. Heart trouble/family history of heart trouble | _____ | 2. Arthritis | _____ |
| 3. Pains in the chest/difficulty breathing | _____ | 4. Dizzy spells | _____ |
| 5. High blood pressure | _____ | 6. Back problems or pain | _____ |
| 7. Diabetes | _____ | 8. Unused to vigorous exercise | _____ |
| 9. Asthma | _____ | 10. Epilepsy | _____ |

11. Are you taking any medication, prescribed or otherwise? _____

12. Is there any other medical reason not mentioned here why you should not follow a physical program?

Warning

Any person who has a medical or health problem, or has answered yes to one or more of the above, should not undertake any program or activity without first consulting a medical practitioner.

User Risk

Any equipment, facilities, exercise programs and activities provided or conducted by the Royal Brighton Yacht Club are undertaken freely and voluntarily by the user and is entirely at the users own risk.

No Liability

It is expressly agreed and acknowledged between the user and the Royal Brighton Yacht Club that the Royal Brighton Yacht Club will not in any circumstances whatsoever be under any liability to the user for any injury, loss of property or damage of any kind caused directly or indirectly from the use of any equipment on or off the premises, or from an employee while acting in the course of, or in connection with his/her employment in regard to and fitness advice, testing, instruction or programming services to the user.

Signed

Witness

Date