

# **Membership Form**

1 <sup>st</sup> Member - Family Name:			First Name:		
		First Name:			
Address:					
Telephone:		Mobile:			
Email: _					
	All correspondence will be se	nt via email unle	ess otherwise red	quested	
		Couple	Single	Concession / Student	
[	EHI General Membership	\$65.00	\$50.00	\$40.00	
ı	Euroa Health Gym Membership	\$208.00	\$104.00	\$52.00	
	Swipe Card (new members)	\$30.00	\$15.00	\$15.00	
(	Gym Induction appointment	\$80.00	\$40.00	\$40.00	
		\$383.00	\$209.00	\$147.00	
	Selected Membership type				
	(please tick)				
*Student – A obtain a men	definitions  – must hold a current Pension Conces  Il students must have a parent or lega  In the ship and provide proof of identifications  The ship and Member of Euroa Health	al guardian with ication.	them when att	tending Euroa H	
Payment opt	ions: Cash, Cheque or EFTPOS				
ffice use only					
erial Number o	f swipe card				
register	ed to the name of				

Euroa Health Inc 36 Kennedy Street Euroa VIC 3666 Mail: PO Box 126 Euroa VIC 3666 © reception@euroahealth.com.au



# **Membership Terms & Conditions**

# **Policy for Members**

- You need to hold/pay for a Euroa Health Inc General Membership to be able to join as a gym member
   Should you have already paid for a Euroa Health Inc General Membership for the 2023/24 financial year we will deduct this from the membership payable
- 2. An induction and assessment by our Exercise Physiologist is required for all new members before you use the gym
- 3. Please fill in the Adult Pre-screening tool (also on our website) to give to the Exercise Physiologist upon your induction

#### **Access**

Access to the gym is via a swipe card. Members are not be allowed to use the gym facilities unless they use their swipe card to gain entry to the gym. A fee of \$15.00 paid at the time of membership will be retained by Euroa Health for the issue of a replacement pass.

The swipe card is for your use only and must not be given to any other person to access the gym. In the event that this occurs, your membership will be cancelled immediately

#### **Hours of Operation**

Monday – Friday: 6:00am-9:00am & 3:30pm-8:00pm

Weekends & Public Holidays: 6:00am – 8:00pm

Please note the gym is closed during majority of the day when the EP is working with patients due to groups and needing access to multiple pieces of equipment at a time

# **Conduct and Behaviour**

Management reserves the right to refuse entry, cancel a membership or request a member to leave the premises if the member does not behave in a responsible manner, is under the influence of drugs and/or alcohol or does not adhere to the general conditions of entry. No smoking or food is permitted in the facility.

The gym is not a place for competition – everyone varies in their capabilities. We urge you to respect others and make it a safe, comfortable and enjoyable environment in which each member can reach their potential at the pace professionally determined by the Exercise Physiologist

Please ensure you warm up before commencing your workout and cool down and stretch upon completion of your workout. Members using the gym, do so on the understanding that they believe that their state of health and physical condition is such that their wellbeing will not be unduly affected when using the equipment and apparatus.

Any concerns at any stage of your program should be brought to immediate attention of the Exercise Physiologist

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# Hygiene

- A mask is not required when exercising at Euroa Health Gym
- A towel must be used at all times
- Disinfectant wipes are situated in the gym and should be used to wipe equipment after use
- Hand sanitiser is also available for your use before and after sessions
- Please bring a drink bottle with you

# **Equipment**

- All equipment must be handled appropriately. Please do not drop the weights.
- Any faults or damage to equipment must be reported to management.
- If applicable please put equipment away after use. Please wipe down each piece of equipment after use.

# **Clothing**

- Please dress for comfort and practicality when exercising in the gym. Shirts must be worn at all times.
- Protective footwear should be worn at all times. This comprises of covered in shoes and preferably rubber soled shoes

#### Location

Euroa Health Gym is accessible via Weir Street Euroa as marked on the map below. There is no longer any access through the Acute Hospital building and all members must use their swipe card to enter into the gym door.

This access is not managed 24/7 and should you encounter any difficulties, please contact out reception team Monday through to Friday on (03) 5795 0200 during business hours.

In addition, we suggest that you follow our Facebook page for any updates in relation to the Euroa Health Gym.



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l,	hereby agree to the following:

- 1. Agree to comply with all rules, conditions and directions stipulated in this Terms and Conditions document regarding the facility and its equipment use and personal behaviour of members whilst using the Gym.
- 2. To the best of my knowledge, I believe that my state of health and physical condition is such that the proper use of the Gym facilities in accordance to the Terms and Conditions which apply there to will not pose any risk to my health and wellbeing.
- 3. Acknowledge and agree that my use of the services, facilities, equipment or apparatus of the Gym will be undertaken at my own risk.
- 4. Exercise is demanding and there are innate risks associated with an exercise program and the gym environment. Participating in exercise at Euroa Health may cause serious injury, paralysis or death. I participate in exercise at Euroa Health at my own risk. I release, indemnify and hold harmless Euroa Health, its servants and agents, from and against all and any actions or claims which may be made by me or my property whether by negligence, breach of contract or in any way whatsoever or any liability that results from the breach of an express or implied warranty that Euroa Health will be rendered with responsible care or skill.
- 5. In the event that I am injured, or my property is damaged, I will bring no claim, legal or otherwise, against the Euroa Health in respect of that injury or damage.

I/We acknowledge the Membership terms and conditions and understand the COVID-19 information for Euroa Health Inc provided to me

1 <sup>st</sup> Member Signature:	2 <sup>nd</sup> Member Signature:
Date:	Date: