

What to complete:

All those using the gym must complete section A
To join the gym as a member complete section B
If you select the debit membership complete section C (turn over)



Full Name: _____

ID Number: _____

Phone (c): _____ (w): _____

Address: _____

Email: _____

A. HEALTH QUESTIONNAIRE

Do you now have or have you in the past had any of the following?

History of heart problems, chest pains or stroke?	Yes	No
Increased blood pressure?	Yes	No
Difficulty with exercise?	Yes	No
Advice from a physician not to exercise?	Yes	No
Surgery in the past 12 months?	Yes	No
Pregnancy, or given birth in the last 3 months?	Yes	No
History of breathing or lung problems?	Yes	No
Muscle, joint or back disorder still affecting you?	Yes	No
Hernia/condition that may be aggravated by lifting weights?	Yes	No
Cigarette smoking habit? (no. per day: _____ years: _____)	Yes	No
Increased cholesterol?	Yes	No
Diabetes or thyroid condition?	Yes	No
Are you currently on any medication?	Yes	No
Are you allergic to any medication?	Yes	No

If you answered yes to any of the above, please briefly explain:

EMERGENCY DETAILS

Next of Kin: _____

Relationship: _____

Next of Kin Tel: _____

Physician: _____

Physician Tel: _____

HEALTH DECLARATION

Liability Release 1.1. By signing this agreement, I acknowledge the information contained herein is true and correct. **1.2.** I am physically and medically fit to proceed with the normal routine of exercise and acknowledge that 360 GYM (PTY) LTD and its staff will not be held responsible for any injury or loss suffered by me, whether through negligence and/or omissions on the part of 360 GYM (PTY) LTD and its staff for any reason whatsoever. **1.3.** 360 GYM (PTY) LTD will furthermore not be held responsible by me for any theft/loss/damage and/or injury to property or person(s) whether negligence and/or omissions on the part of 360 GYM (PTY) LTD and its staff for any reason whatsoever.

Informed Consent 2.1. The information you possess about your health status or any unusual feelings you have experienced during exercise may affect the safety of training procedures. **2.2.** Your prompt reporting of experiencing any strange feelings during training sessions are of great importance. You as the client are responsible to disclose any such information to your personal trainer. **2.3.** Preceding the training program, you may undertake a health and fitness assessment for the purpose of establishing your current fitness status. **2.4.** Your personal trainer may terminate training at any point if he deems it necessary or appropriate. You may also stop the training sessions at any time if the level of exertion is too exhaustive. **2.5.** In the event of injury or illness, 360 GYM (PTY) LTD will not be held responsible if I, the client, have failed to disclose a pre-existing condition.

I Hereby Declare That: 3.1. -the trainer has explained the training procedures to me. **3.2.** - to the best of my knowledge I am currently free from any existing medical condition or injury that could preclude me from full participation in the training program. **3.3.** -I give my full consent to the trainer to undertake the battery of health assessments and the design of a physical training program.

Signature: _____

Date: _____

B. BILLING AGREEMENT

DEBIT MEMBERSHIP

Requires the completion of section C (turn over)

Cancel with one month's notice after your 1st debit

Unlimited classes R 439

Pro-Rata

5 Weeks (after 23rd) R 550 Cash Card

4 Weeks (1st to 7th) R 440

3 Weeks (8th – 14th) R 330

2 Weeks (15th – 22nd) R 220

UPFRONT OPTIONS

3 Months' Unlimited Classes R 1320 Cash Card

10 Class Pass R 750 Cash Card

Consultation, Goal Setting & Measurements R 250 Cash Card

PERSONAL TRAINING (10 Sessions)

1 on 1 R 5000 Cash Card

2 on 1 R 3500 pp

3 on 1 R 3000 pp

4 on 1 R 2500 pp

TERMS AND CONDITIONS

All Memberships 1.1. Pro-rata and upfront payments to be made prior to or on the day of the first class/session, paid by cash or card. **1.2.** If payment falls into arrears 360 has the right to stop your training until account is settled. **1.3.** If accounts are 30 days in arrears, we have no alternative but to hand the account over to our attorneys for collection. All costs incurred by 360 Specialized Training will be for your account. **1.4.** Should your contract have an initial period, no cancellations or alterations can be made during the initial period of your chosen contract.

Personal Training 2.1. Clients must give at least a 24-hour notice period when cancelling or rescheduling an existing appointment. **2.2.** The sessions are valid for a 3-month period from the date of signing. **2.3.** This agreement is between the client (signed below) and 360 GYM (PTY) LTD, not with the personal trainer. Should a trainer leave the employment of 360 this contract remains binding between the client and 360 GYM (PTY) LTD. In the case of a tenant personal trainer, the personal training aspect will be between client and tenant trainer thus the tenant personal trainer will be accountable for refunding the client in the case of resignation or termination of the 360 GYM (PTY) LTD service agreement.

Debit Order Membership 3.1. It is mandatory that all clients complete a debit order instruction for the contractual process to be completed. **3.2.** All accounts will be debited on the 1st day of each month. **3.3.** All debit orders will continue automatically after initial contract period. **3.4.** An annual membership increase of 10% will be applied on 1st January every calendar year. **3.5.** After the first debit one month's written notice must be sent to info@360training.co.za to cancel your membership. **3.6.** You may not pause your membership for more than one month, after which it will automatically resume.

I Hereby Declare That: 4.1. -I confirm that I have read and accept the above terms and conditions and agree to be bound by the terms and conditions set by 360 GYM (PTY) LTD. **4.2.** -I acknowledge and agree to abide to all policies and administration issues presented to me.

Signature: _____

Date: _____

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C. BANK DEBIT ORDER INSTRUCTION

(FOR OFFICE USE ONLY)

Contract: _____
Debit Amount: _____
Commencement Date: _____
Name as registered with the bank: **360GYM**

Date: _____
Name (360 Client): _____
Name (Debtor): _____
Phone (Cell): _____
Phone (Home) _____
Email Address _____
Postal Address _____

Dear 360 GYM (PTY) LTD,

The details of my account/the authorized account to be debited are as follows:

Please use capital box letters:

Account Holder: _____
Bank: _____
Branch Town: _____
Branch Number: _____
Account Number: _____
Account Type: _____

- I hereby instruct Direct Debits to be paid from my account at the request of 360 GYM (PTY) LTD.
- I confirm that the amounts to be debited are variable and may be debited on various dates and may change from time to time.
- I shall fully notify the Bank in writing if I wish to cancel this instruction. I shall also so notify 360 GYM (PTY) LTD of such a cancellation.

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I hereby authorize you to issue and deliver payment instructions to the bank for collection against my above mentioned account at my above mentioned bank (or any other bank or branch to which I may transfer my account) on condition that the sum of such payment instructions will never exceed my obligations as agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me by giving you notice in writing of no less than 20 ordinary working days, and sent via email to info@360training.co.za or delivered to your address indicated above.

The individual payment instructions so authorized to be issued must be issued and delivered as follows: **On the 1st day ("payment day") of each and every month commencing on**

01 / _____ / 20 _____

In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day.

Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account.

MANDATE: I acknowledge that all payment instructions issued by you shall be treated by my above-mentioned bank as if the instructions had been issued by me personally.

CANCELLATION: I agree that although this Authority and Mandate may be canceled by me, such cancellation will not cancel the Agreement. I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

ASSIGNMENT: I acknowledge that this Authority and Mandate has been ceded to Sagepay (Pty) Ltd as per your agreement with Sagepay (Pty) Ltd, but in the absence of such assignment of the Agreement, this Authority and Mandate will be null and void.

SIGNATURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS

Printed Name: _____

Signature: _____

Date: _____

(FOR OFFICE USE ONLY)

Agreement Reference No. _____