

PERSONAL DETAILS

TITLE _____ FIRST NAME _____ SURNAME _____ M / F

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

POSTAL ADDRESS _____

SUBURB _____ P/ CODE _____ USQ Faculty _____

USQ Staff member for whom you are a partner: _____ (Works staff to confirm)

USQ Fit & Well Corporate Health Program Options

Partner Membership

- This membership is available for \$218/six months
- It entitles members to come to the gym during normal operating hours
- It entitles members to come to the group exercise classes listed on the monthly Fit and Well timetable AND the group exercise timetable.
- Entitles members to come to the RPM, Cross Fit and Kettle bells class for only \$5
- Access six monthly health assessments including glucose and cholesterol tests, blood pressure and fitness and measurement testing
- Access to regular seminars and health info on a range of health and fitness topics

Yes, I would like to join on the Fit and Well Partner membership

Partner Wellness Membership

- This membership is available for \$45 per fortnight
- It entitles members to come to the gym 24 hours per day, 7 days per week including public holidays
- It entitles members to come to the group exercise classes listed on the monthly Fit and Well timetable AND the group exercise timetable.
- A personal "Wellness" key that stores your program information, provides access, and keeps you on track via reporting systems directly to you.
- Entitles staff to come to the RPM, Cross Fit and Kettle bells class for FREE.
- Access six monthly health assessments including glucose and cholesterol tests, blood pressure and fitness and measurement testing
- Access to regular seminars and health info on a range of health and fitness topics
- Free Towel Hire

Yes, I would like to join on the Fit and Well Partner 'Wellness Membership'

Weight Watchers

Weight Watchers at Work will run weekly meetings. This program is the equivalent to the Weight Watchers Australia program. \$100/13 weeks payable upfront.

Yes, I would like to join on the Fit and Well 'Weight Watchers'

MEMBERSHIP TERMS AND CONDITIONS

- I understand information collected during the assessments will made be accessible to The USQ Student Guild and USQ Safe. Statistics gathered from the USQ Fit & Well Corporate Health program may be used, anonymously, in reports to parties outside of USQ.
- Entry to the gym will only be granted upon presentation of my Fit and Well membership card or my staff card.
- 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 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
 - Within the 'Cooling off' period (48 hours from joining) I will receive a refund, less an admin fee of \$10
 - 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 \$30.00 will apply.
 - For any other reason, that no refund of upfront payments is available and the minimum requirements of the 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 Type Partner Part/Wellness

Direct Debit Fee \$45/fortnight (Debit occurs on fortnightly/Wednesday) 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 ___/___/___