

Experienced Gym Users - Induction Waiver

Tumble Gymnastics & Activity Centre Ltd recognises the importance of every user undergoing an induction. This is carefully designed to ensure that each user is made aware of the facilities, equipment and services available. We recommend that each user undergoes an induction.

Notwithstanding our recommendation to you to undertake an induction, you have stated that you are an experienced gym user and have expressed your unwillingness to undertake induction training. In these circumstances we will allow you to use the gym facilities, provided that you:

- (i) seek advice from a member of our staff if you are in anyway unfamiliar with a particular piece of equipment or type of exercise; and
- (ii) Opt out of induction training by signing the declaration, below.

Declaration

I declare that I:

1. have been a regular user of _____ gym within the last 18 months;
2. understand that exercise can be physically demanding and if performed incorrectly can cause serious harm;
3. have opted to not attend the gym induction offered to me and therefore assume responsibility for any possible injury caused to me or anyone else by the exercises I choose to perform;
4. acknowledge that I am physically fit and free from any illnesses that may be aggravated by performing exercise;

Junior Fitness Suite members are permitted to use the gym equipment as indicated below.

Tumble management team reserve the right to revoke a junior and adults membership if it is discovered or believed that the junior equipment usage rules are not being adhered to.

Ages	CV machines	Free weights	Resistance machines
16 years+	✓	✓	✓
15 years	✓	✗	✓
14 years	✓	✗	✓
13 years	✓	✗	✗
12 years	✓	✗	✗

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4. acknowledge that I am physically fit and free from any illnesses that may be aggravated by performing exercise;

5. am familiar with gym equipment;

6. have read, understand and agree to the rules, terms and conditions of the gym.

7. understand that we may from time to time make changes to these rules, terms and conditions without prior notice.

Name: _____

Date of Birth: _____

I can confirm I have viewed the Tumble Fitness Suite Induction Video and have fully understood the safety requirements highlighted on each machine.

Sign: _____ Date: _____

If you are aged 16 or 17, a parent or a guardian will need to countersign this agreement.

Name: _____ Date of

Birth: _____

Sign: _____ Date: _____

Relationship with gym user: _____

All young people under 16 will need to undertake a full induction.

PAR-Q

Client Name: _____ DoB: _____

Address: _____

Email: _____ Phone: _____

If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you significantly change your physical activity patterns. If you are over 69 years of age and are not used to being very active, check with your doctor. Please read each question carefully and answer honestly by indicating **YES** or **NO**.

What are your main reasons for starting a fitness programme?	YES	NO
Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
In the past month, have you had a chest pain when you were not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you lose balance because of dizziness or do you ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a bone or joint problem (for example back, knee or hip) that could be made worse by a change in your physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Is your doctor currently prescribing medication for your blood pressure or heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know of any other reason why you should not take part in physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please comment:		

If you answered YES to one or more questions:

You should consult with your doctor to clarify that it is safe for you to become physically active at this current time and in your current state of health.

If you answered NO to any of the questions:

It is reasonably safe for you to participate in physical activity, gradually building up from your current ability level. A fitness appraisal can help determine your ability levels.

I have read, understood and accurately completed this questionnaire. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury.

Signature: _____ Print name: _____ Date: _____

Having answered YES to one of the questions above, I have sought medical advice and my GP has agreed that I may exercise.

Signature: _____ Date: _____

Informed Consent

NAME: _____ DATE: _____

1. PURPOSE AND EXPLANATION OF PROCEDURE

I hereby consent to voluntarily engage in an acceptable plan of exercise training activities which are recommended to me for improvement of my physical activity/ stress management, and health/fitness education activities. The levels of exercise I perform will be based upon my cardiorespiratory (heart and lungs) and muscular fitness. I understand that I may be required to undergo a graded exercise test prior to the start of my fitness training in order to evaluate and assess my present level of fitness.

I will be given exact personal instructions regarding the amount and kind of exercise I should do. A professionally trained personal fitness trainer will provide leadership to direct my activities, monitor my performance, and otherwise evaluate my effort. Depending upon my health status, I may or may not be required to have my blood pressure and heart rate evaluated during these sessions to regulate my exercise within desired limits.

If I am taking prescribed medications, I have already so informed the program staff and further agree to so inform them promptly of any changes which my doctor or I have made with regard to use of these. I will be given the opportunity for periodic assessment and evaluation at regular intervals after the start of the program.

I have been informed that during my participation in the above described exercise induction, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort or similar occurrences appear. At this point, I have been advised that it is my complete right to decrease or stop exercise and that it is my obligation to inform the team, should any develop. I understand that during the performance of exercise, a trainer will periodically monitor my performance and, perhaps measuring my pulse, blood pressure, or assess

my feelings of effort for the purposes of monitoring my progress. I also understand that the trainer may reduce or stop my exercise program when any of these findings so indicate that this should be done for my safety and benefit.

I also understand that during the performance of my personal fitness training program physical touching and positioning of my body may be necessary to assess my muscular and bodily reactions to specific exercises, as well as to ensure that I am using proper technique and body alignment. I expressly consent to the physical contact for the stated reasons above.

2. RISKS

It is my understanding and I have been informed that there exists the remote possibility during exercise of adverse changes including, but not limited to, abnormal blood pressure, fainting, dizziness, disorders of heart rhythm, and in very rare instances heart attack, stroke, or even death. I further understand and I have been informed that there exists the risk of bodily injury including, but not limited to, injuries to the muscles, ligaments, tendons, and joints of the body. Every effort, I have been told, will be made to minimize these occurrences by proper staff assessments of my condition.

I fully understand the risks associated with exercise, including the risk of bodily injury, heart attack, stroke or even death, but knowing these risks, it is my desire to participate as herein indicated.

3. BENEFITS TO BE EXPECTED AND ALTERNATIVES AVAILABLE TO EXERCISE

I understand that this program may or may not benefit my physical fitness or general health. I recognize that involvement in the exercise training will allow me to learn proper ways to perform conditioning exercises, use fitness equipment and regulate physical effort. These

experiences should benefit me by indicating how my physical limitations may affect my ability to perform various physical activities. I further understand that if I closely follow the program instructions, that I will likely improve my exercise capacity and fitness level after a period of 3-6 months.

4. CONFIDENTIALITY AND USE OF INFORMATION

I have been informed that the information which is obtained in this personal exercise induction will be treated as privileged and confidential and will consequently not be released or revealed to any person, to the use of any information which is not personally identifiable with me for research and statistical purposes so long as same does not identify my person or provide facts which could lead to my identification. Any other information obtained, however, will be used only by the program staff to evaluate my exercise status or needs.

I have read this Informed Consent form, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily, without inducement.

Participant's Signature

—

Participant's Name (Printed)

—

Witness's Signature _____ Date:
