

ECU SPORTS PROGRAM AGREEMENT

Title _____	First Name _____	Surname _____
Address _____		Suburb _____ State _____ Post Code _____
Date of Birth ____/____/____		Ph (h) _____ Ph (wk) _____
(mob) _____		E Mail _____@_____

Payment (office use only)

Program Type: Bootcamp / Priority One Health (POH) Program + gym must complete a m'ship form as well. / Other _____

Program Fee \$ _____
Other Fees \$ _____

New Customer

Renewal/Friend/Couple

Gym Member
If a POH + gym complete new M'ship No. here.
Member No: _____

Confirmed by: _____

Program Start Date: ____/____/____ for month of _____ at ML or JO

Program Days (circle): Mon / Tues / Wed / Thurs / Fri / Sat / Sun Time slot: ____:____ am/pm

Payment Type: Cash CCard Chq EFTPOS PAYROLL - Salary Package Form completed Tick)
(forward a copy of this agreement with the original Salary Form to M'ship Admin.)

Total amount paid today \$ _____ Date: ____/____/____ Receipt Number: _____ Staff: _____

Terms and Conditions

If you currently have any injury or illness or have in the past, which may be provoked or aggravated by exercise you may not be permitted to participate in this program. Some programs have COMPONENTS OF HIGH INTENSITY EXERCISE and it is your responsibility to inform us of any injury or illness at the time of enrolment. No refunds will be given for any reason INCLUDING INJURIES SUSTAINED DURING the program. If you are unable to attend any session FOR ANY REASON WHATSOEVER, a refund or extra sessions will not be available.

Disclaimer: I understand that my participation in the activities or programs offered by Edith Cowan University (ECU) Sports & Recreation Department and the use of any exercise equipment are potentially hazardous activities, and I hereby agree to assume all the risks associated with my participation, including any risks arising from any medical or physical condition/s I may have. I also indemnify and agree to hold harmless the University and all its employees, officers and agents in respect of any event which may occur whilst I am present at or utilising the services, facilities or programs which may be held on or off campus e.g. Bootcamp and which may arise from any cause whatsoever including, but not limited to, the negligence of the University, its employees, officers and agents, and which results in any damage to property, loss or theft of property, or any accident, injury, loss suffered by or occasioned to me or any person in my care and control.

Initial here

*Please initial box if you are a renewing member who has previously completed a Physical Activity Readiness Questionnaire (PARQ) that requires no current up-date. Month/year of last PARQ completed ____/____

Tick here

*If a referral letter or other documentation is required please attach and tick this box.

The authorisation signatory accepts and agrees to all Terms and Conditions.

Signature Participant: _____

Date: ____/____/____

Staff Representative: _____

Date: ____/____/____