

General Information						
Last name		Title				
First name		Gender	O Male			
Birth date//			O Female			
Postcode		Home phone				
Address		Email				
		Mobile phone				
Centre Membership Fee (✓)						
O Staff £20						
Membership Type – Monthly Reduction in Gross Salary "Salary Exchange" (✓)						
O Blue (£40) OGold (£30) ORed (£22)						
Payment Method (✓)						
Monthly: O Salary Exchange						
Emergency Contact Name		Telephon	e number			
Ethnicity and Disability Monitoring Please complete the table below. This information will be used to monitor use of the facility.						
Ethnic Origin (✓):						
O Bangladeshi	O White & Black African	-	onsider yourself to have a disability?			
O Black African	O White & Black Caribbea		O No			
O Black Caribbean	O White British	If yes:	If yes:			
O Chinese	O White British (English)	O Health	O Health condition/long-term illness			
O Indian	O White British (Scottish) O Hearing		impairment			
O Other Asian background	O White British (Welsh)	ite British (Welsh) O Learning disability				
O Other Black background	O White Irish O Other		ype of disability			
O Other Mixed background	O Any other background O Physic		al impairment/mobility issues			
O Other White background			impairment			
O Pakistani						
O White & Asian						
How did you hear about the ce	entre?					
Car Registration Number:						
Staff Membership						
Job Title		Post-Doc?	O Yes O No			
		Payroll Nur				
	-4-	Fayloi Nu				
Preferred Membership Start D		- 4h].	041 1			
Membership will commence with	-	-	01//			
I agree that my first reduction in salary is to take effect on or about [26th of next month]*: 26//						
I wish to have a temporary Mem	bership until:		01//			
I agree to make a single paymer	nt to the Centre for the temp	orary Membersh	ip period of: £			
* Salaries are paid to all staff on the 26th of the month, unless this falls on a weekend or bank holiday when the pay day and therefore first reduction in salary will be brought forward to the Friday.						
Office Use Only Date:// Received by: Member ID Number:						
Health Form Summary of Action: Fitness Instructor Signature:						
O Setup on Lockers (✓)	O Photo Taken (✓)	O Card	rd input into MRM (✓)			
O Input into membership database (\checkmark) O Induction/Waiver Wizard Applied (\checkmark)						

Health For	rm					
When did you last take part in an exercise programme? (\checkmark)		O Never	O Years ago			
		O Months ago	O Regularly			
If you exer	cise regularly, how often? (✓)	O Once a week	O 2-3 times per week			
		O 4+ times per week	O Not applicable			
	; if the answer is yes to any of the questions below (\checkmark	():				
-	ou ever had heart trouble?					
-	O Do you ever have pains in your chest?					
O Do you often feel faint or dizzy?						
O Have you ever had high blood pressure?						
O Have you any joint or bone problems?						
O Is there any other reason why you should not perform physical exercise or that might affect your ability to exercise?						
If you have ticked any of the questions above, please describe any injuries, illnesses, disabilities or conditions						
(including pregnancy) below:						
lu du ati a u l	Mainer Information					
	Waiver Information	he healed at no additional	ant. An induction is a one			
	for the Fitness, Strength and Conditioning Suite can sion with a qualified Fitness Instructor to give the mer					
	use the equipment available.					
Variation	he choice to class on Induction Mainer or to complete	an induction If you shoose	to complete the Mainer			
	he choice to sign an Induction Waiver or to complete II have an Induction at a later date.	an induction. If you choose	to complete the walver,			
you our ou						
	icate below whether you would like to complete a wai	ver or an induction:				
O Waiver						
O Induction	n Induction Date (/) Induction Time () Staff to Co	omplete			
O Induction O N/A	n Induction Date (/) Induction Time (Not applicable to 'Centre Membership' only men	•	omplete			
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UNIVERSITY OF CAMBRIDGE

All new members are entitled to receive a free gym induction, which will show how to safely use all machines. However, should you feel that you do not need this service, please complete the gym induction waiver declaration below.

I am aware that participation in training, exercise and activities at the Sports Centre may expose me to many inherent risks, including accidents, injury, damage to property, illness and even death. I have opted to not attend the gym induction offered to me and therefore assume all liability for any possible injury caused.

I confirm that I am physically and mentally fit and free from any illnesses or conditions that may be aggravated by the physical activity I choose to participate in. I am a regular user of gyms and I am familiar with most gym equipment.

I am aware that I can attend a Fitness Strength and Conditioning Suite Group Orientation at any time during my membership term, subject to availability.

Please tick $[\checkmark]$ below to confirm the reason for you not wishing to undertake an induction:

O I have a recognised Fitness Instructor Qualification

- O I have undertaken an induction in a similar fitness facility
- O I have relevant experience equivalent to the above

In consideration of my participation and the provision of the Sports Centre Facilities, I agree, on behalf of myself and anyone entitled to act on my behalf, HOLD HARMLESS, WAIVE AND RELEASE the University, its employees, directors, representatives and agents from any responsibility, liabilities or claims of any kind arising out of my participation, except that this waiver shall not be interpreted as an attempt to exclude the University's liability for personal injury or death where caused by the negligence of the University.

I am aware that this waiver and release of liability and I voluntarily agree to its terms.

Signed..... Date

...../...../.....