



# Guest Application Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone - Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

Email Address \_\_\_\_\_

Would you like to receive our monthly newsletter by email? Yes/No

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Date Joined \_\_\_\_\_

HFC Enterprises (Bodyworx Fitness Centre) is committed to providing a safe and healthy environment for all customers.

### **Management's Commitments and Responsibilities to Health & Safety include:**

We are committed to providing a safe and healthy environment for all. We will

- Take all practicable steps to ensure the safety of members and others.
- Provide a safe place to exercise, safe plant and equipment.
- Ensure that members are shown how to use the equipment, and champion safe exercise methods always.
- Systematically identify and manage hazards within the facility.

### **Guest Responsibilities when using the facility:**

- Exercise in a healthy and safe manner that ensures that no action or inaction by you causes harm to yourself or any other person.
- Report immediately any unsafe condition, hazard, accident or incident to the facility manager by telephone or email (numbers listed on sign at front door).
- Follow all rules and use safety equipment provided – as appropriate and as directed.
- Actively participate in, supporting and promoting health and safety in the facility and grounds.

Following the first visit with a fully inducted member, all visits will be charged to the Guest Family account. The Guest Family remain responsible for all costs associated with Guest visits.

| Induction Component           | Discussion Points                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Policy</b>                 | I have viewed the Facility Rules and Regulations and know where to locate it.                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Guest Responsibilities</b> | <p>I understand my health and safety responsibilities.</p> <p>I understand if I have concerns about the safety of myself or others, I must bring them to the attention of the facility manager as soon as possible by phone or email</p> <p>My first visit must be with another fully inducted member over the age of 18 who will sign the induction form as being responsible for my guest membership and will also be responsible for payment of any fees incurred.</p> |
| <b>Emergency Procedures</b>   | <p>I agree that know the emergency procedures for:</p> <ul style="list-style-type: none"> <li>Fire</li> <li>Earthquake</li> <li>Medical Emergency</li> </ul> <p>I know:</p> <ul style="list-style-type: none"> <li>How to raise the alarm</li> <li>What the evacuation procedure is</li> <li>Where the assembly point is</li> <li>Where the emergency exits are</li> <li>Where the fire extinguishers and first aid kits are</li> </ul>                                   |

In signing, I acknowledge that I have no medical or physical conditions that limit my ability to exercise, and I understand that I exercise at my own risk. I confirm that I have completed this induction and am confident in my understanding of the material. I am comfortable I have all relevant information required to keep myself and others safe.

|                        |  |             |  |
|------------------------|--|-------------|--|
| <b>Signed by Guest</b> |  | <b>Date</b> |  |
| <b>Name</b>            |  |             |  |

I confirm I have inducted this member and I am confident they understand the material.  
I understand that I am responsible for any and all costs associated with my Family Guest visits.

|                                        |  |             |  |
|----------------------------------------|--|-------------|--|
| <b>Signed by Fully Inducted member</b> |  | <b>Date</b> |  |
| <b>Name</b>                            |  |             |  |