MEMBERSHIP APPLICATION FORM

ALL SECTIONS MUST BE FILLED IN

FIRST NAME

SURNAME

ADDRESS

POSTCODE

DATE OF BIRTH

/ /

MOBILE PHONE NUMBER

GENDER

MEDICAL CONDITIONS

EMERGENCY CONTACT - NAME

EMERGENCY CONTACT PHONE NUMBER

RELATIONSHIP

LIMITATION OF LIABILITY

In consideration for the management accepting his / her application for membership of the Cave Gym and for he / she remaining a member of the Cave Gym. The member agrees that neither the company or its employees or agents shall be liable for any damage, loss or theft of any property belonging to the member or bought to the gym by a member, unless caused by negligence of the management, employee or agent of the company. The company its employees or agents shall not be responsible for any death, injury or illness occurring on the gym premises, or because of use of facilities and / or equipment provided. It is advised that members do not exercise alone. It is the responsibility of the member to ensure appropriate measures have been undertaken.

SIGNATURE

DATE

/ /

OFFICE USE ONLY

MEMBERSHIP TYPE

MEMBERSHIP NUMBER