

HEALTH COMMITMENT STATEMENT

S'MICHAELS

**HEALTH
CLUB**

FALMOUTH

Your health is your responsibility. The management and staff of this organisation are dedicated to helping you take every opportunity to enjoy the facilities that we offer. With this in mind, we have carefully considered what we can reasonably expect of each other.

OUR COMMITMENT TO YOU

- We will respect your personal decisions, and allow you to make your own decisions about what exercise you can carry out. However, we ask you not to exercise beyond what you consider to be your own abilities.
- We will make every reasonable effort to make sure that our equipment and facilities are in a safe condition for you to use and enjoy.
- We will take all reasonable steps to make sure that our staff are qualified to the fitness industry standards as set out by the Register of Exercise Professionals.
- If you tell us that you have a disability which puts you at a substantial disadvantage in accessing our equipment and facilities, we will consider what adjustments, if any, are reasonable for us to make.

YOUR COMMITMENT TO US

- You should not exercise beyond your own abilities. If you know or are concerned that you have a medical condition which might interfere with you exercising safely, before you use our equipment and facilities you should get advice from a relevant medical professional and follow that advice.
- You should make yourself aware of any rules and instructions, including warning notices. Exercise carries its own risks. You should not carry out any activities which you have been told are not suitable for you.
- You should let us know immediately if you feel ill when using our equipment or facilities. Our staff members are not qualified doctors, but there will be a person available that has first aid training.
- If you have any disabilities, you must follow any reasonable instructions that allow you to exercise safely.

This statement is for guidance only. It is not a legally binding agreement between you and us and does not create any obligation which you or we must meet.

I have read and understood the Health Commitment Statement

First Name: _____ Surname: _____ Title: _____

Address: _____

Postcode: _____

Contact No: _____ Email: _____

Signature: _____ Date of Birth: _____ Date: _____

Witness Signature (to be signed by a member of staff)

Name: _____ Signature: _____ Date: _____