



**STANDARD SHORT TERM  
MEMBERSHIP AGREEMENT FORM**

Membership Start Date	Membership Number
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**PERSONAL DETAILS (BLOCK CAPITALS)**

Title
First Name
Surname

Where did you hear about us?

- |   |   |
|---|---|
| <input type="checkbox"/> Website        | <input type="checkbox"/> Advertisement      |
| <input type="checkbox"/> Word of Mouth  | <input type="checkbox"/> Referred by Member |
| <input type="checkbox"/> Flyer/Mailshot | <input type="checkbox"/> Corporate Visit    |

Employer	
Contact	Tel

<b>Home Address</b>	<b>Contact Details</b>
	Home <span style="float:right">Work</span>
	Mobile
Post Code	Email

Job Title	Gender
Date of Birth	Marital Status

**SHORT TERM MEMBERSHIP TYPE**

- Short Term Adult 3 Month
- Short Term Adult 1 Month
- Short Term Adult 1 Week
- Short Term Off Peak 3 Month\*\*

\*\*10.00-15.00 & 20.00-22.00 Mon to Thurs, 10.00-15.00 Fri & 13.00-18.00 Sat & Sun.

**Payment Method**

- Cash
- Cheque
- Card

**FOR OFFICIAL USE ONLY**

Fee
Joining Fee
Offer Details

**SHORT TERM DEPENDANTS (UNDER 16's ONLY)**

Name	M/F	Date of Birth
1		
2		
3		

**FOR OFFICIAL USE ONLY**

Fee	Mem No.

**DECLARATION**

I have read and agree to accept the terms and conditions of the membership as listed below.

Signature of Member / Counter Signature (U16's):	Date
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Completion of your details implies acceptance of the provisions contained within the Data Protection (Bailiwick of Guernsey) Law 2001.

KINGS Premier Health Club, registered office, Third Floor, Royal Bank Place, 1, Glatigny Esplanade, St Peter Port, Guernsey, Channel Islands, GY1 4EX, and the member(s) whose name and details are as set out above now agree to the following terms and conditions which unless amended in writing shall apply throughout the term of membership;

1. In return for the member paying the short term subscription, Kings Life Limited shall allow the member admission to Kings Premier Health Club, Kings Road, St Peter Port at the times and on the days set out from time to time in the Membership Rules, which are available on request. Off Peak membership times are restricted to the days and times as noted within the membership section of the form above.
2. The payment of the subscription shall not entitle the member to the use of all the facilities available in the club premises. Details of admission rights are set out from time to time in the Membership Rules, which are available on request.
3. The subscription shall be due and payable on the signing of this agreement. The subscription shall be for the length of time determined by the membership type selected in the above box.
4. The membership shall cease exactly 3 months, 1 month or 1 week (depending on the membership type) after the membership start date, noted in the relevant section above.
5. Kings Life Limited, reserve the right to substitute any of the activities offered with an alternative if the pattern of demand requires it.

6. The member warrants and also represents to Kings Life Limited that he/she is in good health and is able to undertake all forms of vigorous exercise and that the member will not undertake any forms of exercise that will be detrimental to their health, safety, comfort, wellbeing or physical condition. The exercise facilities provided by Kings Life Limited are designed with the members safety in mind but the member agrees that all facilities will be used entirely at the members own risk.

7. The member acknowledges that Kings Life Limited's obligations and liabilities in respect of Kings Premier Health Club are defined in this agreement and/or within the Membership Rules.

8. The member agrees that he/she is responsible for the consequences of any use of any of the facilities of Kings Premier Health Club which will not be liable for any indirect or consequential loss, damage, costs, expenses, theft or damage to property, whether arising under contract, tort or otherwise.

9. Kings Life Limited may expel members or may terminate the entitlement to admission of any member without notice and with immediate effect if the member's conduct, whether or not such conduct is the subject of a complaint by another user or group of users of Kings Premier Health Club, is such that in the reasonable opinion of Kings Life Limited, it may be injurious to the character, name or interests of Kings Premier Health Club or is such that it renders the member unfit to associate with other users of Kings Premier Health Club.

10. The submission of this application signed by the member and the acceptance of the initial subscription by Kings Life Limited shall constitute a legally binding agreement between the member and Kings Life Limited. The parties hereby agree to be bound by the terms hereof and the Membership Rules, which are available on request or from the website – [www.kings.gg](http://www.kings.gg)

11. The member (countersigner on behalf of members U16), confirms that he/she is over 16 years of age and that, having understood the terms of this contract, and the rules of membership, agrees to abide by them.

## Welcome to Kings Premier Health Club

We require the following information from you in order to comply with our Health & Safety and Insurance obligations.

What are your current health and fitness goals?

- Weight loss/gain       Fitness       Toning       Rehabilitation  
 Train for an event       Social       Racquets       Other

Which activities do you enjoy most?

- Gym       Exercise Classes       Pool       Racquets  
 Relaxation / Social       Personal Training       Boot Camp       Other

## Pre-Activity Readiness Questionnaire

Have you ever been, or are you currently affected by any of the following conditions?

Category 1	YES	NO	Category 2	YES	NO
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Prescription Medication	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>
Blood disorders	<input type="checkbox"/>	<input type="checkbox"/>	Any Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Glandular Fever	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy or seizures	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Exercise Allergies	<input type="checkbox"/>	<input type="checkbox"/>
<b>Category 3</b>			Joint Injury	<input type="checkbox"/>	<input type="checkbox"/>
Neck or back pain	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal Injury	<input type="checkbox"/>	<input type="checkbox"/>
If YES has been answered to any of the above questions, please provide details and dates					
_____					
Are you aware of any other conditions not mentioned that may affect your training?				<input type="checkbox"/>	<input type="checkbox"/>
If YES please provide details _____					

If you answered YES to any of the above conditions, we may require a consent form from your doctor for clearance before beginning an exercise program. If your doctor has already cleared you for exercise please sign below

Sign \_\_\_\_\_ Date \_\_\_\_\_

## Declaration

I have answered all of the previous questions honestly and accurately, and I acknowledge that Kings Life Limited is not liable for any claims or causes of action whatsoever arising out of, or connected with, services provided now or in the future. I hereby discharge Kings Life Limited or any of its staff from any such claims or action. In signing this document, I also agree to comply with Kings Premier Health Club terms and conditions and agree to abide by all club rules and regulations.

Name \_\_\_\_\_

Sign \_\_\_\_\_ Date \_\_\_\_\_

Please tick if you do not wish to receive further information from Kings Life Limited, or be contacted regarding future promotions and events