



TERMS AND CONDITIONS

1. Use of the facilities

- This is dependent on each member to make sure your fees are paid and up to date. Membership will be suspended if payment is not up to date and member will be handed over to a debt collector after one month of unsuccessful collection.
- Member must inform the instructors of any injury sustained or of any medical condition before training and consult with your healthcare provider beforehand.
- Suitable gym clothing to be worn. No shoes are permitted on the rebounders.
- Equipment must be treated with respect. No dropping of weights.
- You may not use the gym if under the influence of alcohol, drugs or medication that may affect your safety.

2. Booking of classes

- Classes may be booked a week in advance.
- Please cancel at least 4 hours before the start of the class.
- Classes and instructors are subject to change.
- We reserve the right to restrict making of bookings for any member who fails to cancel booked sessions on more than one occasion.

3. General

- Members must complete the PAR-Q before commencing classes.

- Gemini Rebound and Fitness reserves the right to withdraw any product/class style at any time.
- Terms and conditions are subject to change at any time giving 30 days' notice.
- Membership and terms in this agreement commences as soon as you have signed up online.
- You cannot transfer this agreement or membership to anyone else.
- Gemini Rebound and Fitness reserves the right to save the member's personal information and contact the member with marketing related offers.
- Members are required to adhere to all the terms, conditions and rules of the gym.
- Classes may be recorded and videos or photos taken may be used for advertising purposes on social media platforms at any time.

4. Fees

- Fees are paid monthly in advance.
- Contract will renew as the same membership if not cancelled on the 1st of the last month.
- Proof of payment to be emailed to accounts@geminirebound.com
- Once off admin fee of R100 for all new sign ups (including promos).

PRINCIPAL TERMS

1. This agreement commences as soon as you have indicated your acceptance in the declaration section of the forms.
2. Membership starts immediately.
3. Fees are to be paid on the 1st of each month.
4. If you fail to pay the fees, an administration fee will be charged to cover our and any third party's costs of seeking to pursue payment from you.
5. Members must advise us promptly of any changes to personal and contact details.
6. Your contract will be automatically renewed on a month to month basis if not cancelled in writing by the 1st of the last month.

7. Long-term illness or injury (over 3 months): This agreement may be cancelled in such event in the written opinion of a doctor where training is prohibited for 3 months or longer upon appropriate proof being provided.
8. Memberships may be frozen in the event of temporary illness or injury in which the written opinion of a doctor prohibits exercise for a period of time- a freeze period does not affect the monthly payments you are due to make and payments remaining at the end of the freeze will remain due and recommence on a monthly basis once the freeze period is over.

Signature: _____
Signed at _____

Date: _____



Indemnity Form

Name: _____ Date: _____

DOB: ___ / ___ / _____

Address: _____

Cell nr: _____

Emergency contact: _____ Emergency contact cell: nr _____

Liability Waiver

I, the undersigned, am aware of my own health and physical condition and having this knowledge, I know that my participation in any exercise program may inflict injury and/or may affect my health. I, the undersigned, therefore participate voluntary in the fitness activities offered by Gemini Rebound and Fitness. I agree to disclose any physical limitations and chronic illnesses which may affect my ability to participate in the classes offered by Gemini Rebound and Fitness. The gym and its representatives or the landlords/owners will not be held responsible for any injury I may incur during participation and/or in and around the gym. I, the undersigned, therefore indemnify Gemini Rebound and Fitness and its instructors against any claim arising out of injury to me as a result of engaging in training at the gym.

120 Hurd Street Newton Park
www.geminirebound.com
admin@geminirebound.com
whatsapp 079 092 9060



Membership

Full name:
ID nr.:
Sex:
E-mail address:
Cell nr.:
Work phone nr.:
Residential Address:

Package Options

<p>1. <u>Package 1 - Monthly contract</u></p> <ul style="list-style-type: none"> • 1 month emailed notice of cancellation • Unlimited sessions • R850pm • EFT/debit order 	<p>2. <u>Package 2 – three month contract</u></p> <ul style="list-style-type: none"> • Unlimited sessions • EFT/debit order • R750pm 			
<p>3. <u>Package 3 – six month contract</u></p> <ul style="list-style-type: none"> • Unlimited sessions • EFT/debit order • R650pm 	<p>4. <u>Package 4 – twelve month contract</u></p> <ul style="list-style-type: none"> • Unlimited sessions • EFT/debit order • R550pm 			
<p>5. <u>Package 5 – six month contract</u></p> <ul style="list-style-type: none"> • 2 x week • EFT/debit order • R330pm 				
Package option: Please tick next to your choice.				
Package 1	Package 2	Package 3	Package 4	Package 5

Signature: _____

Date: _____

Signed at _____

Physical Activity Readiness Questionnaire

Name: _____ Date: _____
DOB: ___/___/____ Cell nr: _____
Emergency contact: _____ Emergency contact cell: nr _____

Medical Aid Details

Scheme name: _____
Plan: _____ Med. Aid Nr.: _____

Questions	Yes	No
Do you suffer from any of the following:		
High blood pressure		
Diabetes		
High Cholesterol		
Heart conditions		
Asthma		
Are you on any medication? If yes, specify here.		
Have you ever been advised by a physician to refrain from any form of physical activity? If yes, state why.		
Do you suffer from any back, joints or feel dizzy during exercise? If yes, specify here.		
PLEASE NOTE: MAX WEIGHT ON REBOUNDER IS 130kgs		

I, _____ hereby confirm that all the information above is accurate.

Signature: _____