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**CIRCLE TYPE OF MEMBERSHIP REQUIRED: General/Direct-Debit/Corporate/Upfront Staff**

Name: Mr/Miss/Mrs/Ms/Dr \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Town/Suburb/Area: Postcode: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Business/Mobile Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

How did you find out about **UniSports**? \_\_\_\_\_  
 How is your health? For most people, physical activity benefits overall health and causes no problem, but we need you to answer the following questions so we can be sure you are suited to safely enjoy exercise. Please read the questions carefully and tick the YES\_\_\_or NO\_\_\_ opposite the applicable question.

- |       |       |  |
|-------|-------|--|
| YES   | NO    |  |
| _____ | _____ | 1. Has your doctor ever said you have heart trouble?                         |
| _____ | _____ | 2. Do you frequently have pains in your chest?                               |
| _____ | _____ | 3. Do you often feel faint or dizzy?   |
| _____ | _____ | 4. Has a doctor ever told you that your blood pressure is too high?          |
| _____ | _____ | 5. Do you have any joint problems or associated ailments?                    |
| _____ | _____ | 6. Are you over the age of 35 <b>AND</b> not accustomed to regular exercise? |

Comments: \_\_\_\_\_

If you have answered "YES" to any of the above questions please consult your doctor for a medical examination prior to commencing exercise. If you have answered "NO" to all questions you can be reasonably assured of being in a suitable condition to complete exercise activities.

The above questions have been answered to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DIGITAL IMAGE RELEASE**

I hereby give Federation University my unconditional and irrevocable permission to use, copyright and publish the photographs/footage taken of me for the purpose of promotion, marketing and general publicity for Federation University. I release the University from all legal claims that may come as a result of the use of my photograph/image. I hereby state that I fully understand and agree with the way my photograph/image will be utilised. I am at least 18 years of age and am legally, mentally and otherwise fully competent to enter into the contract in my own name. I have read this model release form and understand and agree to its contents. I have not been induced or coerced in any way into signing this agreement other than with the promises and representations made within.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PRIVACY STATEMENT**

The information being sought in this form is collected for the purposes of processing your application to become a member of Federation University UniSports. **All information requested must be completed in order for the application to be processed.** The information will be held at Federation University and may be accessed and used by people employed or engaged by the University in the delivery of services to you. The information may be used or disclosed to organisations outside the University where permitted by relevant Privacy Legislation. The provision of the information is voluntary, but if this information is not provided, the University may be unable to process your application. You have a right of access to, and correction of, your personal and health information in accordance with Privacy Legislation and the University's Information Privacy Policy. Please direct any enquiries you may have in relation to this matter to the University's Privacy Officer Derek White, telephone: (03) 5327 9021.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Declaration:**

**Knowing that exercise may be a potentially hazardous activity, I participate in this exercise activity certifying that I am medically able. I also assume any and all other risks associated with my participating in this activity.**

**I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge Federation University Australia, its servants, agents, or subcontractors of all liabilities, claims, damages, costs or expenses which I may have against them arising out of or in any way connected with my participation in this activity, including all injuries that may be suffered by me before, during or after the activity.**

**This release extends to all claims of any kind or nature whatsoever, foreseen or unforeseen, known or unknown.**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_