

# GYM WORKS

*Cleve Community Fitness Gym*  
*Sub-Committee of the Cleve Sporting Bodies Inc*  
**Gym Regulations and Courtesy Rules**

1. It is compulsory for every new member, or previous member to complete a pre-exercise form. Members with any medical condition should obtain medical confirmation that exercise undertaken will not cause any physical harm.
2. By law, we must show you how to safely use the gym equipment and exercise machines. If you have not had a gym induction please contact a Committee member.
3. Only paid members are permitted to use the gym. A list of current members will be listed in the gym. Visitors to the gym need to pay \$10.00 every visit to be placed in the donation tin.
4. Membership is non refundable or transferable.
5. Children under 14 years are not permitted into the gym because of safety and insurance issues. 14 - 16 year olds MUST be accompanied by an adult.
6. Individuals are not permitted to use the equipment without another member present.
7. Members must sign in and out of the registration book every time they use the gym. This is important for recording of who is accessing the gym.
8. Enclosed footwear and appropriate clothing is mandatory in the gym.
9. No food, smoking or alcohol is permitted in the gym.
10. Members are required to carry a towel at all times and wipe any perspiration from the equipment during and after use. NO TOWEL = NO WORKOUT.
11. Dropping of weights and misuse or destruction of equipment will NEVER be tolerated and will result in membership expulsion.

12. Please put the weights and equipment back in their appropriate places once you have finished using them as courtesy for the next user.
13. Bags and personal belongings must be placed considerably so as not to get in the way of other users. Damaged, stolen or lost personal items will not be the Cleve Community Fitness Gym Committee's responsibility.
14. During busy periods a maximum time of 20 minutes on each piece of equipment applies. Please be courteous to other users.
15. The Committee reserves the right to book out or close the gym at any time.
16. It is the responsibility of the last member leaving the facility to ensure that the Gym is securely locked, with machines and lights turned off and windows closed.
17. Members please report any faults or incidents by writing details in the maintenance book (stored in the cabinet near the front door) and notify a Committee member. Committee details listed on notice board.
18. The Cleve Community Fitness Gym was funded from the 'Move It! Make Communities Active Program', Government of SA, Sport & Recreation together with Local Business Sponsorship with many volunteers to create a friendly gym for the community to utilise.

‘Gym Works’ Cleve Community Fitness Gym was opened 26<sup>th</sup> May 2006.

PLEASE RESPECT OUR RULES, THE EQUIPMENT AND FACILITY.

THE GYM IS SET UP FOR THE COMMUNITY TO ACCESS.

OUR AIM IS TO CONTINUE IMPROVEMENTS WHICH WILL ENSURE OUR COMMUNITY GYM'S FUTURE.

If you have any issues, please follow up with a committee member of ‘Gym Works’.

# GYM WORKS

## Committee Details

<b>President:</b>	Georgie Nagel	0432 781 012
<b>Secretary:</b>	Ben Shannon	0427 992 986
<b>Treasurer:</b>	Elliott Claxton	0429 461 427

### Committee Members:

- 1) Elliott Claxton SB Rep
- 2) Amy Allen SB Rep 0408 858 725
- 3) Natasha Agars
- 4) Jo Turner

**Only Committee members eligible to vote.**

**Any Gym Member may attend meetings**

An induction must be held prior to first using the Gym

# GYM WORKS

## *Cleve Community Fitness Gym*

### PRE-EXERCISE QUESTIONNAIRE

Please take a little time to answer the following questions.

Name ..... Age ..... DOB.....SEX...M/F

Address ..... Post Code .....

Occupation/Employer ..... Phone .....

Person to contact in case of emergency ..... Phone .....

### Have you ever had or do you have?

Just place a ☒ to indicate "Yes or Not Sure"

Anyone in your family under 60 suffered Heart Disease, Stroke, raised Cholesterol or Sudden Death?

Are you Male over 35 or Female over 45 and NOT used

to regular vigorous exercise?

Are you on any prescribed medication?

Have you given birth within the last 6 weeks?

Do you have any Infections or Infectious Diseases?

Have you been hospitalised recently?

Are you pregnant?

### Do you have or have you had:

Gout

Stroke

Diabetes

Epilepsy

Hernia

Glandular Fever

Rheumatic Fever

Dizziness or Fainting

Stomach or Duodenal Ulcer

Liver or Kidney Condition

Any Heart Condition

Heart Murmur

High Blood Pressure 140/90

Palpitations or Pains in the Chest

Raised Cholesterol/Triglycerides

If you ticked "□" please give details of conditions, medications and approximate date cleared:

.....  
.....  
.....

Please take this form to your doctor and ask for clearance to exercise before starting any exercise program **OR** sign below if you have already cleared the above condition with your doctor.

Condition Cleared .....

Signed

Work at a low level on your first visit and concentrate on learning to do the exercises properly. On each visit you will be able to work a little harder. Be sure to limit yourself to a pace where you can still talk comfortably.

It is recommended that all Males over 35 and Females over 45 should have a Medical Assessment including an Exercise E.C.G. and Cholesterol/Lipid Count.

## **Statement**

I recognize that the Cleve Community Fitness Gym is not able to provide me with medical advice with regard to my medical fitness and that this information is used as a guideline to the limitations of my ability to exercise. I have answered the question to the best of my ability and understand the advice above.

I am aware that if an injury should occur I am fully responsible for that injury.

**Signed** ..... **Date** .....

Please note: All membership details are maintained confidentially by the Secretary of the Cleve Community Fitness Gymnasium – 'Gym/Works' and accepted by the membership collectors.

Previous years membership medical details are stored protecting the confidentiality of all members.

Membership information will only be sourced in case of emergency for contact details.

## **GYM WORKS CLEVE FITNESS LIABILITY WAIVER/INFORMED CONSENT FORM**

I, **THE PARTICIPANT** named below agrees to abide by Gym Works Cleve's Regulations and Courtesy Rules.

### **I ACKNOWLEDGE AND AGREE;**

- That all of my recreational gym activity; which may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities.

### **I HEREBY AFFIRM THAT;**

- I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my personal gym activities (Or have medical clearance from my doctor to participate within medical guidelines)
- I am participating voluntarily and at my own risk.

### **I HEREBY RELEASE GYMWORKS CLEVE AND THE GYM WORKS COMMITTEE**

(the “released parties”) from any claims, demands, and causes of action as a result of my voluntary participation in gym activity, to the extent permitted by law

I fully understand that I may injure myself as a result of my participation at Gym Works gym. I hereby release the released parties from any liability now or in the future for conditions that I may obtain directly or indirectly from my gym activities or workout to the fullest extent permitted by law. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur, including my death.

### **I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.**

Participation Signature \_\_\_\_\_

Name of Participant \_\_\_\_\_

Date \_\_\_\_\_

# GYMWORKS CLEVE

**Cleve Community Fitness Gym**

**P O Box 153, Cleve, SA 5640**

Dear Gym Member,  
Thank you for your continued support of our Gym.

Please find enclosed a membership renewal form and pre-exercise form to be completed, updating your membership details.

**PRIVACY: Cameras have been installed for your security & by no means wish to invade your work-out sessions.**

Membership forms can be posted to the above address OR left in an envelope at the gym with ATTENTION: Treasurer.

**Membership Fees are:-**

\$150.00 (12 months)

\$100.00 (12 months) for pensioners/students (14 to 16 year olds MUST BE accompanied by an adult)

\$75.00 (6 months)

+ **once off payment of \$20 for swipe card** (\$10.00 re-imburement on return of card if no longer required)

**Floating Population:** \$25 weekly + \$20 for visitors card which MUST BE RETURNED to the gym or Cleve Hotel Motel.

Please remember to have a gym buddy for your safety.

Thank you for supporting GymWorks.

GymWorks Committee

**Please make CHEQUES TO "CLEVE SPORTING BODIES/GYMWORKS"**

**Tear Off Slip: Please return Relevant Forms with Membership to PO Box 153**

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Name Paid    ---/---/20---  
.....

Address (required)  
.....

Phone/Mobile No.(required)  
.....

Email (required)  
.....

**NEW BANK DETAILS**

Bank Details:- **BENDIGO BANK**

BSB:- **633 000**

Account No:- **162990311**

Account Name:- **Cleve Sporting Bodies/GymWorks**

**REFERENCE ID :-If paying by DIRECT DEBIT please in reference line put your FULL NAME e.g. JOE BLOGS**

**PENSION No.....**