ProAction
Fitness and Fight Gym

M

Personal Information

Name and Surname	
ID Number	
Home Address	
Gender	
Contact Number	
Email Address	

Medical Information

Medical Aid Provider	
Medical Aid Number	

Emergency Contact Name	
Emergency Contact Number	

Please state any allergies, known medical illnesses or injuries

Packages

☐ General Access	R400.00	☐ Performance	R900.00
☐ Starter	R500.00	☐ Elite	R1400.00
☐ Basic	R600.00	☐ Kids	R450.00

Compulsory R350.00 non-refundable once off joining fee.
All package prices are payable per month.

Signature _____ Date _____

admin@proaction.co.za
+27 78 460 4528
2 Sneezewood Lane, Glen Anil
proaction.co.za

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Indemnity Form

Acknowledgement of risks and release of liability.

I, the undersigned, acknowledge that I am voluntarily participating in physical exercise and activities including but not limited to, the use of equipment and facilities at ProAction. I understand that participation in these activities including but not limited to the use of equipment and or facility, may involve inherent risks, including but not limited to injury, illness or death.

I hereby agree to the following;

1. Assumption of risk. I acknowledge that I am aware of the risks associated with physical exercise and that I am voluntarily participating in these activities with full knowledge of the risks involved. I assume all risks associated with my participation, including, but not limited to injury, illness or death.
2. Release of liability. I hereby release and hold harmless ProAction, it's owners, employees, agents and representatives from any and all claims, liabilities, damages, costs or expenses (including attorney's fees) that may arise from my participation in activities at the gym, including any injuries or damages sustained during such activities, whether caused by the negligence of the gym or otherwise.
3. Medical Clearance. I affirm that I am in good health and have no known medical conditions that would affect my ability to participate in physical activities at the gym. I acknowledge that it is my responsibility to consult with a physician prior ro engaging in any exercise program or physical activity.
4. Emergency medical treatment. In the event of an injury or medical emergency, I give permission for the gym to secure emergency medical treatment for me. I agree to be responsible for any medical costs incurred.
5. Photographic release. I grant the gym the right to take photographs or videos of me during my participation in activities and use these images for promotional purposes, without compensation to me.
6. Governing law. This indemnity form shall be governed by the laws of Southern Africa in which the gym is located.

By signing this indemnity form, I agree that I have read the document in its entirety and understood its contents completely. I am signing this form voluntarily and acknowledge that it is a binding legal document.

Signature	
Name of Client/ Parent/ Guardian	
Date	
Witness Name	
Signature	
Date	

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Terms and Conditions

Please read each point carefully and sign at the bottom of the page. By signing the terms and conditions you declare that you understand and agree to the terms and conditions of your membership with ProAction.

1. This is an indefinite contract that requires a 30-day notice form in order to cancel. This form is available at the ProAction center or by emailing
2. I understand that if I terminate my membership and rejoin, I will be liable to pay the joining fee again.
3. Membership fees are payable monthly in advance by no later than the 7th of each month.
4. Penalties of 10% per week will be charged on overdue accounts, unless special arrangements have been made.
5. Returned debits may be liable to a penalty fee of R150.00 per returned debit.
6. I acknowledge that I will be held liable for monthly payments even if I/my child/children do not attend classes.
7. There will be no freezing or holding of contracts should you have sustained an injury/ illness unless you have a valid doctors note - every case will be evaluated separately on its own merit. A doctors note will not guarantee the facility freezing or holding your contract.
8. I am aware that I remain liable for the monthly payments over the Christmas and New Year periods and that the same rules apply to the termination of the membership over these periods.
9. An annual increase of 10% will apply at the beginning of each year.
10. I am aware of the physical nature of ProAction's exercising and training.
11. I do not suffer from any medical disability or problems that will prevent me from participation in ProAction's endorsed exercises and training or which will endanger mine or other members health.
12. In the events that I should at any time develop any medical conditions of the date hereof, I undertake to consult a medical doctor to obtain their approval of my continued participation at ProAction.
13. I am physically and mentally fit to participate at ProAction and I am free of any communicable and infectious diseases.
14. In the unlikely event of an emergency, I hereby authorize transportation and licensed personnel to perform any accepted medical procedures on me should they be deemed necessary or advisable and agree to bare the expenses of such transport or procedures.
15. I agree to adhere to the facilities hygiene protocol and gym etiquette, and understand that I will be liable for up to a R200 fine should I not mind the signs and adhere to the rules of the gym. I will request assistance should I be unsure of any rules or protocols in order to avoid misunderstanding.
16. As a member, I will faithfully comply with the membership terms and conditions as well as the membership option I choose as well as the safety regulations of the facility. This includes adhering to the performance drills or techniques shown. I further understand that all classes are supervised by qualified personnel and that the strict observation of safety regulations will reduce the possibility of an accident or injury taking place.
17. ProAction involves sparring and physical contact with others which may result in personal injuries (both physical and mental) or even death. I agree to defend, indemnify and hold ProAction, its directors, officers, employees, and other released parties harmless from and against any and all actions, suits, claims, demands, cause of action, proceedings, losses, costs, expenses - including without limitation, all attorney fees, disbursements, damages, liability and any fines or penalties in any way arising out of or relating to, connected directly or indirectly, the premise regardless of whether there is active or passive negligence or fault on the part of ProAction or any related parties.
18. We respect your right to privacy and therefore aim to ensure that we comply with the legal requirements of the POPI ACT which regulated the manner in which we collect, process, store, share, and destroy any personal information which you have provided to us. By signing this form, you permit the use of images, videos, and audio taken within and around the facility for marketing, media and advertising purposes - should you not wish us to use any images, videos or audio taken within the facility please inform ProAction via email at info@proaction.co.za

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