



Pre-Exercise Screening and Indemnity Form

Name:		Phone:
Address:		Mobile:
DOB:	Sex: M / F	Email:
Emergency Contact:		Contact's Phone:

Part A: Medical Considerations	Yes	No	Details
Has anyone in your family under 60 suffered heart disease, stroke, raised cholesterol or sudden death?			
Are you a male over 45 or a female over 55?			
Are you on any prescribed medication?			
Are you pregnant, planning on becoming pregnant or have you recently given birth?			
Have you been hospitalised recently and/or are you receiving any treatment for any injuries or conditions?			
Do you suffer from any conditions that may be made worse when exercising?			

Part B: Do you have or have you had?			
Any heart conditions	Y	N	Details
Chest pain while exercising or at rest			
Arthritis			
Diabetes - Type I or Type II			
Asthma			
High blood pressure (over 140/90)			
Raised cholesterol			
Dizziness or fainting while exercising			
Do you smoke or recently quit			

In the interest of your safety, if you answered yes to any of the above questions in Part B, you need to consult your Doctor to obtain clearance before starting exercise. Please sign here if you have cleared the above condition with your Doctor.

Client Signature: _____ Date: _____

Do you have or have you had?	Y	N	Details
Tendon or ligament damage			
Fractured bones			
Back or neck pain			
Dislocation			

(In the last 6-12 months that you may need a medical practitioner to clear before exercising).

Part C: Goals and current exercise habits

What do you hope to achieve from your fitness classes? Please tick

To reduce body fat	<input type="checkbox"/>	To gain overall fitness	<input type="checkbox"/>
To improve aerobic fitness	<input type="checkbox"/>	To tone up	<input type="checkbox"/>
To gain strength	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Current exercise habits			
Are you exercising regularly:	Y N	Type of exercise:	
Frequency –times per week:	1 2-3 3-4 5+	Intensity:	Light Moderate Vigorous
History:	Less than 3 months	3-12 months	More than 12 months
What intensity do you want to work out?	Light	Moderate	Vigorous

Part D: Please read the following exercise advice carefully.

Please ensure you are present for the warm-up section of the class, as it is required to ensure your safety. 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.
 Please bring your own towel and water bottle to classes.
 Should you suffer an injury, illness or conditions in the future please tell us by completing this form again. If under the age of 15 years Lee's Gym have a policy of NO lifting of free weights.

Part E: Statement

- I recognise that staff are not able to provide medical advice or assess whether it is suitable for me to participate in programs.
- I participate at my own risk. I acknowledge that as with any exercise program, there are risks, including increased heart stress and the chance of musculoskeletal injuries.
- I warrant that I am physically and mentally well enough to proceed with exercises.
- I hereby waive, release and forever discharge 'Lee's Gym' from all liabilities for injures or damages resulting from my participation in fitness activities and classes.
- I have read and understand the advice given above.
- I assume the risk of and responsibility of personal property loss or damage.
- I am aware that all of the above information will remain confidential.

Clients Signature: _____ Date: _____

Parent /Guardian Signature (if under 18): _____ Date: _____

Office Use Only

No:	Payment:	Date:
Sessions Booked:		
Comments:		



DIRECT DEBIT REQUEST

PH: 0498 953 762
ABN/ACN: 44 262 134 064

NEW CUSTOMER FORM

YOUR DETAILS | Please complete this form using a BLACK PEN. * Indicates a MANDATORY FIELD

Business: L A James & S L Robin T/A Lee's Gym ABN/ACN: 44 262 134 064 **100-789-254**

Customer Reference:

* Surname: * Given Name:

* Mobile #: I authorise Ezidebit to remind me of upcoming debits via SMS

* Email:

* Address:

* Suburb: * State: * Postcode:

DEBIT ARRANGEMENT | Including details and associated fees/charges detailed below and/or the total amount for the specified period for this and as per any other subsequent agreements or amendments between me/us and the Business and/or Ezidebit

Once Only Debit On Date: / / Debit this amount: \$

D D M M Y Y

Regular Debits Starting on Date: / / Debit this amount: \$

D D M M Y Y

Frequency: Weekly Fortnightly Monthly 4 Weekly

Duration: Continue regular debits until further notice (Minimum of debits)

Administration Fee(once only) up to: N/A	Bank Account Transaction Fee: \$1.40	Credit Card Transaction Fee: VISA/Mastercard: 2.50% (Min \$1.40) AMEX/Diners: 4.40% (Min \$1.40)	Optional SMS Payment Reminder: Paid By Business	Failed Payment Fee: \$14.80
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CHOOSE YOUR PAYMENT METHOD

Debit from Credit Card

VISA MasterCard AMEX

Card Number: Expiry Date: /

M M Y Y

Name of Cardholder:

By signing this form, I/we authorise Ezidebit Pty Ltd ACN 096 902 813, acting as Direct Debit Agent on instruction from the Business, to debit payments from my Credit Card.

Debit from Bank, Building Society or Credit Union Account

Financial Institution: Branch:

BSB Number: - Account Number:

Account Holder Name:

I/We authorise Ezidebit Pty Ltd ACN 096 902 813 (User ID No 342190, 342191, 428198) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance with this Direct Debit Request.

The Authorisation in this Request remains in force in accordance with the terms and conditions of the DDR Service Agreement (Ver 1.13). I/We have read, understand and agree to the same. I/We declare that the information in this Request is true and correct. I/We acknowledge that my/our personal information will be collected, used, held and disclosed in accordance with the Ezidebit Privacy Policy found at www.ezidebit.com/au/privacy-policy/

Signature(s) of Account Holder: Date: / /

D D M M Y Y

DDR SERVICE AGREEMENT (Ver 1.13)

DDR Service Agreement (Ver 1.13)

Please retain a copy for your records. This Direct Debit Request Service Agreement (**Agreement**) forms part of the terms and conditions of your Direct Debit Request (**DDR**).

Debiting Your Account

1. By agreeing to the DDR you authorise Ezidebit Pty Ltd ACN 096 902 813 (Direct Debit User ID number 342190, 342191, 428198) (referred to as **Ezidebit**) to make debits to your nominated account.
2. The debit will be processed on the next business day after the direct debit date if:
 - (a) a payment request is received by Ezidebit after Ezidebit's usual cut off time, being 3:00pm Qld time, Monday to Friday;
 - (b) there is a public or bank holiday on the day when the debit transaction is due to be processed or on any of the following days until the debit is processed.
3. You authorise Ezidebit to attempt to re-debit any unsuccessful payments. You will also be responsible for any fees and charges applied by your financial institution for each unsuccessful debit attempt together with any collection fees, including but not limited to any solicitor fees and/or collection agent fee as may be incurred by Ezidebit.
4. Ezidebit may charge you certain fees (including setup, variation, SMS or processing fees) where applicable under your debit arrangement.

Your Responsibilities

5. It is your responsibility to:
 - (a) Ensure that your nominated account can accept direct debits;
 - (b) Ensure that the details on the DDR are correct, and the bank account has been verified against a recent bank statement;
 - (c) Ensure that all authorised signatories nominated on the financial institution account to be debited authorise the DDR;
 - (d) Ensure that there are sufficient cleared funds in the nominated account, as a failed payment fee may be charged by Ezidebit if a debit is returned by your financial institution as unpaid;
 - (e) Advise immediately if the nominated account is transferred or closed or your account details change;
 - (f) Arrange a suitable payment method if Ezidebit or the Business cancels the drawing arrangements.

Cancelling or Changing Direct Debits

6. Subject to the terms and conditions of your agreement with the Business, you may cancel, alter or defer the debit arrangement by contacting the Business a reasonable time before the date that the drawing is to be made. If the stop or cancellation is a result of the Debit User's variation to the terms, no penalty should be imposed.
7. You authorised Ezidebit to vary the amount of the payments from time to time upon receiving instructions from the Business of a variation provided for within your agreement with the Business. In all other cases, changes to the amounts or dates of a series of direct debits require 30 days' prior notice.
8. If you believe that there has been an error in debiting your account, you should notify the Business as soon as possible. The Business will notify you of its determination and the amount of any adjustment that will be made to your nominated account (if any). Upon receiving instructions from the Business, Ezidebit will arrange for your financial institution to adjust your nominated account by the applicable amount (if any). Alternatively, you can also contact your financial institution.
9. You agree that Ezidebit will not be liable for any disputed transactions resulting from the supply or non-supply of goods and/or services by the Business and that all disputes will be directed to the Business (as Ezidebit is acting only as an agent for the Business).

Confidentiality

10. We will keep your account details and direct debit records confidential in accordance with Ezidebit's [Privacy Policy](#), except where the disclosure of certain information to your financial institution is necessary to enable us to act in accordance with your drawing arrangements. We may disclose the information in the event of an alleged incorrect or wrongful debit, in relation to a claim, or otherwise as required by law.

Contact

If you wish to contact Ezidebit about anything relating to this Agreement, you should contact:

Ezidebit
PO Box 3327, Newstead, QLD 4006
Ph: 1300 763 256 Email: support@ezidebit.com.au
<https://www.ezidebit.com/en-au/contact>