

AUT SPORT & FITNESS CENTRES

Auckland University of Technology
Private Bag 92006, Auckland, NZ
www.gym.aut.ac.nz

Expiry date

Members Agreement

A membership at AUT Sport & Fitness Centre provides you with access to our Weights Room, Group Exercise Classes and spacious changing room facilities. At our North Campus facility, you have access to an 8 bay Golf Swing Clinic and use of the sports stadium when available.

Please Note:

- No refunds on Fixed Term Memberships paid up front, unless applied for within 7 seven days of enrolment
- For online Flexi-Term Memberships please refer to your Debit Success terms and conditions on your contract
- A start-up fee applies to all new memberships at a cost of \$30. If you re-join before a current membership expires the fee is waived.
- Photographic identification must be provided on application i.e. Drivers License, Passport or AUT I.D.
- Your Fixed Term Membership can be transferred to another party or put on hold - conditions and charges apply
- Towels are compulsory and must be used on all equipment during your workout
- Any inappropriate use of the facility or membership card may result in membership rights being suspended or terminated
- The centre is not open on public holidays and the opening hours will be reduced over the Christmas and New Year period
- Non AUT students and staff will be issued with a membership card - replacement cards incur a charge of \$6 per card
- Our North & South Centres are primarily a learning & teaching centre, at times the Weights Room, Group Exercise Studios, Stadium or Golf Swing Clinic are booked exclusively and closed for member's use
- Parking Permits may be available at the North Centre only upon application
- AUT staff and students are not permitted to use the AUT Sport & Fitness Centre parking spaces

Terms & Conditions:

1. I agree to abide by the AUT Sport & Fitness Centre's Rules*, safe use and the user courtesy guidelines established by the management of this facility. It is expected that all members will familiarise themselves with these guidelines.
*(Including Parking rules at the North Shore Fitness Centre).
2. I acknowledge that the use of these facilities involves the possible risk of injury / and or damage and subject to any rights I may have pursuant to the Consumer Guarantees Act 1993. I agree that by using these facilities I personally assume that risk and release AUT University and its officers and employees from any liability, claims, losses, damages or expenses caused by or arising out of or in connection with my use of the facilities including, but not limited to:
- Personal injury or death - Property loss or damage - Any other loss, damage, suffering, emotional or nervous shock or disorder
3. In signing this form I confirm that I suffer from no physical or medical condition which may be aggravated by my use of the facilities, unless specified and cleared by a medical professional.
4. I consent to receive medical treatment in the case of injury, accident or illness which I may suffer in the course of or connected with my use of the facilities at the centre and agree to indemnify AUT University and its officers and employees against any claims in respect of such treatment.
5. I agree that subject to any rights I have pursuant to the Consumer Guarantees Act 1993, I will not bring any action proceeding or litigation against AUT University or any officers or employees for risks or perils, including those referred to in 2 above, seeking compensatory or any other form of, damages in any Court in New Zealand or in any other country.
6. Default of Payment on Debtsuccess contracts may result in the Facility restricting the Customer's ability to access academic records. For full details please see the Debtsuccess terms and conditions on your contract
7. I agree that my successors, executors, and administrators and next of kin are bound by the provisions of this release form.

Declaration

I, the undersigned, have read and understand this information and confirm that particulars given are correct. In signing I acknowledge that I have no medical or physical conditions that limit my ability to exercise, and I understand that I exercise at my own risk.

Applicants Name: _____ (print please)

Applicants Signature: _____ **Date** _____

Office Use Only

Application Processed By _____ (print name) **Date** _____