

Bayview Gym Registration Form *(Details also needed in case of emergency)*

Name: _____

Ph: (MOB) _____ (HOME) _____

Email: _____

Apartment number: _____ Emergency Contact: _____

Owner [] or Tenant [] Like to be informed of new developments []

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Waiver & Rules

You agree that all activities and use of all facilities and equipment will be undertaken by you and your guests at your sole risk and you accept the risk of injury from activities/equipment.

You hereby release, indemnify, and hold harmless Bayview Apartments, Bayview apartment owners, officers, affiliates, agents and employees, other participants, with respect to any and all injury, disability, death, or loss or damage to person or property that may arise out of or in connection with your use of the Bayview's equipment or facilities or any incident that occurs while using the Bayview's facilities or engaging in activities or otherwise related to your Bayview Gym/Pool visit.

This release is intended to be as broad and inclusive as permitted by the laws of the State of Victoria, and if a portion of this release is held invalid, the balance shall remain in full force and effect.

RULES

You are responsible for your guests; any damage will be billed to you so please inform them of the rules etc.

You will ensure that you and your guests (people you have given access to) abide by the Gym rules.

The rules are **sign posted inside the gym.**

- **You agree that failing to abide by the rules may result in the suspension of your Gym access for a period of time. Failing to abide by the rules more than once may result in permanent access suspension.**
- **If you're unsure of any rules interpretation please ask the building manager.**

You hereby certify that you're deemed fit enough (had a check-up) to use the equipment in the Gym and you understand that **excessive exertion may cause injury.**

You agree to learn how properly use the equipment by reading the manuals as posted on **bayviewportnelbourne.com**, you agree to contact the building manager if anything is unclear rather than risk injury.

Your Signature: _____ Date: _____