

Xtreme Fitness.

Branch Address :

PHOTO

Date : 5/2/2022
DD/MM/YYYY

Name in full : Anusha Gaonkar

Address : Tej Comforts, 2nd cross Hosur Hubli

Pincode : 580021

Phone : _____ Mobile : 7259412080 Email address : gaonkaranusha9@gmail

Date of Birth : 09/07/1992 Occupation : Service

Gender : Male / Female

Marital Status : Married / Unmarried Date of Anniversary : 1/1/

Membership Duration : 5/2/2022 to _____

Person to contact in case of emergency:

Name : Deepa Gaonkar
Relationship : Mother Contact No.: 9481731122

Physician's Details:

Physician's Name: _____

Physician's Phone No.: _____

Interested in availing the following services from Xtreme Fitness.

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Gym Membership / Complete Health Club Facility i.e.Gym, Cardio and Steam | <input type="checkbox"/> Massage and Steam | <input type="checkbox"/> Transform |
| <input type="checkbox"/> Personal Training | <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Reduce |
| | <input type="checkbox"/> Weight Gain | <input type="checkbox"/> Nuform |

Two references: 1. Name and contact details _____
2. Name and contact details _____


Done in BYG S

GENERAL TERMS AND CONDITIONS FOR

1. Rights of Admission Reserved.
2. Xtreme Fitness is open to members of all communities irrespective of their caste or creed.
3. All fees will be received strictly in advance at the time of admission.
4. Services Tax will be charged as applicable.
5. Fees once paid will not be refunded under any circumstances.
6. Member shall use the equipment/facilities with due care and caution and keep the same in its proper place after use. Any losses or damage to the equipment resulting from careless handling will have to be made good by the concerned member/s.
7. Equipment installed at Xtreme Fitness are of high quality and are manufactured & supplied by agencies from outside India. Therefore, servicing (in case of breakdown) & maintenance duration may be affected due to supply of spares/customs clearance etc. or any other reason beyond the control of Xtreme Fitness.
8. Members shall avail the facilities at their own risk and liability and Xtreme Fitness will not be liable for any loss or damage arising from the same.
9. All the ancillary non-paid services being used by a member is at his/her own risk, (including but not limited to shower, valet parking etc)
10. Valuables/electronic gadgets/belongings brought and given by the members to keep in the locker for safe custody will be accepted strictly at the concerned members' risk. Xtreme Fitness will be not responsible for any loss or damage to the same.
11. Medical checkups are advisable from time to time - a no objection certificate from your physician is mandatory at the time of joining and/or subsequently from time to time at Xtreme Fitness request.
12. During the program, regular medical chek-ups, and/or treatment are recommended for member/s at their own cost.
13. Members enrolling by not disclosing a history of previous illness / ailments / operations / prior diet programs/ post-pregnancy etc do so at their own risk.
14. Any ailment occurring during the period of membership, after admission, has to be reported to Xtreme Fitness immediately.
15. Extension of the program is not permissible if the member is absent, or for any other reason whatsoever, at Xtreme Fitness for part/all days missed out during the period of membership.
16. Names of those members who are in arrears of fees will be struck off from the register and re-admission will be granted only after payment of arrears, and may also be subject to penalties, interest or late fees.
17. Inter-branch transfer can be given by paying the difference of fees of one particular branch to the other, at the discretion of Xtreme Fitness, However, no refunds in case of difference in fees are permitted.
18. Xtreme Fitness has the right to enforce rules and regulations from time to time and they are subject to change according to the prevailing condition in the center. A notice put up on the Notice Board will be deemed to have been served on all members.
19. Space available for usage to members may be increased / decreased as per circumstances / availability.

20. Time available for usage/training can be increased/decreased as per circumstances / availability.
21. Dress Code: i. For Ladies: Slacks / Tights and track suits. ii. For gents: track suits/shorts and t-shirts.
22. Outside footwear will not be allowed in the gym hall.
23. Members are requested to carry their own towel, drinking water for hygienic reasons.
24. Results of the various training programs, classes, specialized programs vary from person to person and are not guaranteed.
25. Admission fees of a member will be valid only 12 months after the expiry of membership.
26. No extra facilities will be provided to any member/s other than what the member has enrolled.
27. Whenever there is a power cut or load shedding, Xtreme Fitness is not bound to provide for any alternative source of power (generator etc.).
28. Members should maintain complete silence in the premises.
29. Use of mobile phone inside gym hall is strictly prohibited and in the other areas of Xtreme Fitness it should be in silent mode.
30. Members carrying out their own workout pattern do so at their own risk. Xtreme Fitness is not responsible for accidental damage caused due to unadvised exercise schedule and/or use of exercise equipment.
31. Xtreme Fitness can contact members for any kind of promotion/ offer/scheme etc even after he/she ceases to be a member.
32. The member agrees that in the event of any dispute between Xtreme Fitness and the member no proceedings shall lie against Xtreme Fitness in any court, forum or tribunal, unless such dispute is referred to the Independent Arbitrator appointed by Xtreme Fitness in accordance with the Arbitration and Conciliation Act, 1996. The venue of the Arbitration shall be Hubli and the cost of the arbitral proceedings and the legal expenses payable to the arbitrator shall be borne equally by Xtreme Fitness and the member, and the arbitral award passed by the arbitrator shall be binding on Xtreme Fitness and the member.
33. Membership is valid only after signing of disclaimer and/or disclaimer form/s.
34. It is the responsibility of the member to collect proper electronic payment receipt after making the payment otherwise he will not be permitted to use the services.
35. The members are permitted to use the services which are mentioned on the electronic payment receipt or and not otherwise.
36. The member will not provoke/induce any of the Xtreme Fitness staff to give him any services for which he has not paid the adequate fees.
37. Members are not allowed to bring and not to accompany any person on the gym floor who is not a member of the gym.
38. Members are not allowed to bring any child or animal/bird etc. in the club.

I have carefully and truly read the above terms and conditions along with disclaimer and/or disclaimer form/s and am signing it of my own free will, with the knowledge that the same are binding on me.

Member's Signature 

Date : ___/___/___

This information is confidential. Your Medical History is very important. Devote some time and carefully fill in the following information.

1. Are you taking any medications?
 - a. _____
 - b. _____
 - c. _____
2. Describe any physical activities. _____
3. How often do you currently exercise?
 - * 1 - 3 days per week
 - * 4 - 6 days per week
 - * No * If Yes then please mention in Particulars

Please mention if you have any of the following conditions:

Particulars

1. History of heart problems
 - a. chest pain
 - b. stroke
2. More than one heart attack
 - a. heart attack
 - b. Angina pectoris
 - c. sharp pain on climbing stairs (activity)
3. Experience of chest pain
4. A real or suspected heart attack
5. A real or suspected stroke
6. Taken any heart medicine
7. a. _____
7. b. _____
8. Ever had a heart attack
9. Difficult to breathe
10. Admitted to hospital
11. Suffered from chest pain
12. Suffered from dizziness
13. Suffered from fainting
14. Suffered from irregular heartbeat
15. Suffered from palpitations

MEDICAL HISTORY

This information is confidential. This history will not be shared with anyone without your written consent. Your Medical History is very important for both yourself and for us to understand what exercise regime will suit you. Please devote some time and carefully fill in the details asked for below.

1. Are you taking any medications or drugs? If so, please list medication, dose and reason
 - a. _____
 - b. _____
 - c. _____

2. Describe any physical activity you do regularly.

3. How often do you currently workout?
 - * 1 - 3 days per week * More than 3 days per week * No, I had not worked out from last _____ months / year's
4. Currently, are you on any diet plan?
 - * No * If Yes then please specify the details

Please mention if you are having or had any of the following:

Particulars	Yes	No
1. History of heart problems,	<input type="checkbox"/>	<input type="checkbox"/>
a. chest pain	<input type="checkbox"/>	<input type="checkbox"/>
b. stroke	<input type="checkbox"/>	<input type="checkbox"/>
2. More than one blood relative (parents, sibling, first cousin) had	<input type="checkbox"/>	<input type="checkbox"/>
a. heart attack or coronary heart disease before the age of 50 years?	<input type="checkbox"/>	<input type="checkbox"/>
b. Angina pectoris,	<input type="checkbox"/>	<input type="checkbox"/>
c. sharp pain or heavy pressure in chest as a result of exercise, walking or other physical activities such as climbing stairs? (Note: this does not include the normal out of breath feeling that results from normal activity)	<input type="checkbox"/>	<input type="checkbox"/>
3. Experienced rapid heart action or palpitation?	<input type="checkbox"/>	<input type="checkbox"/>
4. A real or suspected rapid heart action or palpitation?	<input type="checkbox"/>	<input type="checkbox"/>
5. A real or suspected heart attack, Myocardial infarction, Coronary insufficiency or thrombosis?	<input type="checkbox"/>	<input type="checkbox"/>
6. Taken nitroglycerine or any other tablet for chest pain-tablets you take by placing them under the tongue?	<input type="checkbox"/>	<input type="checkbox"/>
7. a. High blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
7. b. Ever taken any medication to lower your blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
8. Ever taken special diet to lower your cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>
9. Difficulty in carrying out physical exercise	<input type="checkbox"/>	<input type="checkbox"/>
10. Advice from physician not to exercise	<input type="checkbox"/>	<input type="checkbox"/>
11. Suffering from asthma?	<input type="checkbox"/>	<input type="checkbox"/>
12. Suffering from Rheumatic fever?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
14. Recent surgery (last 12 months)	<input type="checkbox"/>	<input type="checkbox"/>
15. Pregnancy (now or within last 3 months) or	<input type="checkbox"/>	<input type="checkbox"/>
16. Any gynecological disorders	<input type="checkbox"/>	<input type="checkbox"/>
17. Are you under a lot of stress?	<input type="checkbox"/>	<input type="checkbox"/>
18. History of breathing difficulty or lung problems	<input type="checkbox"/>	<input type="checkbox"/>
19. Muscle Injury	<input type="checkbox"/>	<input type="checkbox"/>
20. Joint or back disorder	<input type="checkbox"/>	<input type="checkbox"/>

Signature:

Particulars

- 21. Any previous injury
- 22. Diabetes or thyroid condition
- 23. Cigarette smoking habit
- 24. Obesity (more than 20% over ideal body weight)
- 25. Increased blood cholesterol
- 26. Hernia
- 27. Any condition that has been aggravated by lifting weights
- 28. Any surgery or fracture of bone, muscle pull, sprain, surgery, back pain
- 29. Impairment or disability, including a joint,
- 30. Bone or muscle problem that should be considered before you undertake an exercise program?
- 31. Do you engage in regular exercise?
- 32. Do you take dietary supplements? if yes mention duration
- 33. Taking steroids in the past or currently with or without the doctor's consent?
- 34. Do you have frequent falls/lose consciousness/balance?
- 35. Please elaborate on the positive answers above _____

Please check problems you've observed. Circle items that are frequent or severe.

Head and neck		Heart Circulation system		Digestive	
Headache <input type="checkbox"/>		High Blood Pressure <input type="checkbox"/>		Bloating <input type="checkbox"/>	
Neck pain/tightness <input type="checkbox"/>		Low Blood Pressure <input type="checkbox"/>		Constipation <input type="checkbox"/>	
Lump or swelling <input type="checkbox"/>		Swelling in feet or ankles <input type="checkbox"/>		Diarrhoea <input type="checkbox"/>	
Other _____ <input type="checkbox"/>		Leg cramps <input type="checkbox"/>		Other _____ <input type="checkbox"/>	
		Varicose/spider veins <input type="checkbox"/>			
		Other _____ <input type="checkbox"/>			
Eyes		Female Genito/ Urinary		Skin	
Blurred vision <input type="checkbox"/>		Last Period ___/___/___ <input type="checkbox"/>		Bruise easily <input type="checkbox"/>	
Do you wear contacts <input type="checkbox"/>		Pregnant? Due ___/___/___ <input type="checkbox"/>		Any open cuts or sores <input type="checkbox"/>	
Do you wear glasses <input type="checkbox"/>		Lump or pain in breasts <input type="checkbox"/>		Skin allergies <input type="checkbox"/>	
Excessive or too little tearing <input type="checkbox"/>		Menstrual cramps <input type="checkbox"/>		Tender areas on skin <input type="checkbox"/>	
Other _____ <input type="checkbox"/>		Urinary Tract Infection <input type="checkbox"/>		Infection or information <input type="checkbox"/>	
		Pain in genitals/groin <input type="checkbox"/>		Other _____ <input type="checkbox"/>	
		Other _____ <input type="checkbox"/>			
Musculoskeletal		Male Genito/Urinary		Nervous System	
Achind Muscles <input type="checkbox"/>		Painful/ Slow Urination <input type="checkbox"/>		Difficulty in relaxing <input type="checkbox"/>	
Muscles sore to touch <input type="checkbox"/>		Nighttime Urinary Frequency <input type="checkbox"/>		Difficulty in sleeping <input type="checkbox"/>	
Aching joints <input type="checkbox"/>		Urinary Tract Infection <input type="checkbox"/>		Other _____ <input type="checkbox"/>	
Chronic low back problems <input type="checkbox"/>		Pain in genitals/ groin <input type="checkbox"/>			
Chronically tired <input type="checkbox"/>		Other _____ <input type="checkbox"/>			
Respiratory System		Difficulty in doing physical tasks please list			
Easily out of breath <input type="checkbox"/>		_____			
Airborne allergies <input type="checkbox"/>		_____			
Other _____ <input type="checkbox"/>		_____			

Signature 

Check problems diagnosed by a doctor. Circle if you're currently being treated.

Abdominal hernia	<input type="checkbox"/>	Heart Disease What type?	<input type="checkbox"/>	Severe neurological disorder	<input type="checkbox"/>
Abdominal wall injury	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	Severe venous or arterial circulatory disorder	<input type="checkbox"/>
Arthritis/Rheumatism	<input type="checkbox"/>	Implants Fever, acute bacterial or viral infections	<input type="checkbox"/>	Sprains/dislocations	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Infection or inflammation	<input type="checkbox"/>	Stroke/CVA/TIA	<input type="checkbox"/>
Feeding tendency, haemophilia	<input type="checkbox"/>	Inguinal hernia	<input type="checkbox"/>	Thrombosis/ Phlebitis	<input type="checkbox"/>
Broken bones please list	<input type="checkbox"/>	Kidney/ prostate/ bladder	<input type="checkbox"/>	TMJ (Jaw) Dysfunction	<input type="checkbox"/>
Psoriasis	<input type="checkbox"/>	Lactating	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	Lupus Erythematosus	<input type="checkbox"/>	Tumours/Cancer	<input type="checkbox"/>
Carpal Tunnel Syndrome	<input type="checkbox"/>	Migraine headaches	<input type="checkbox"/>	Ulcer/Colitis/Diverticulitis	<input type="checkbox"/>
		Multiple Sclerosis	<input type="checkbox"/>	Vertigo	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Muscular Dystrophy	<input type="checkbox"/>		
Spinal problem (slipped, herniated, etc)	<input type="checkbox"/>	Osteoporosis	<input type="checkbox"/>		
Emphysema	<input type="checkbox"/>	Parkinson's Disease	<input type="checkbox"/>		
Epilepsy	<input type="checkbox"/>	A pacemaker	<input type="checkbox"/>		
Arthritis/ Fibromyalgia	<input type="checkbox"/>	Sciatica	<input type="checkbox"/>		

Other ailments please specify _____

Comments _____

_____ have read the above and filled the same after due thought and consideration. In any of the above details are not true or accurate and I suffer from any event as a consequence thereof, the management of my Fitness will be in no way responsible/liable for the same or any consequences thereof.

Explained to me in a language I understand. _____

Signature & Name of person explaining and language in which explained _____

Signature of Front Desk Officer

Signature of Front Desk Officer

Member's Signature:


Member's Name

I, the undersigned, do hereby warrant that I am physically fit and possess adequate health to participate in the exercise programme of Xtreme Fitness. I understand that the choice on participate brings with it the assumption of those risks and results which are part of these activities and understand it is my sole responsibility to obtain medical clearance if there is any doubt in my mind as to my health and fitness status.

I further understand that it can be dangerous to use the equipment located at Xtreme Fitness unless I am familiar with the proper methods for its use. I agree to obtain competent instructions as to the proper methods of using exercise equipment if I am not already familiar with such methods.

I (in the event the member is under 18 years of age, member's parent or guardian) hereby assume full responsibility for all risk of injury or loss which may result from the my / my ward's use of Xtreme Fitness and hereby agree to indemnify and hold harmless, release and forever discharge Xtreme Fitness and its directors, partners, agents, employees, and other representatives, from any and all acts of negligence and all claims, demands, and liabilities whatsoever which I / my ward, any third person, or any persons acting on my / my ward's behalf have or may have against any of said indemnified parties, by reason of any accident, illness, injury to or death of any person or persons, or damage to or loss or destruction of any property

- 10. I understand that the protection of my valuables in Xtreme Fitness is completely my responsibility and also know the fees paid will not be refunded or transferred in case unable to use the facilities for any reason whatsoever.
- 11. I further agree that the protection of my valuables in Xtreme Fitness is completely my responsibility and also know the fees paid will not be refunded or transferred in case unable to use the facilities for any reason whatsoever.
- 12. I understand and agree that there is likely to be an range of motion, pre/post workout stretching, and technique during workout, between the and myself and with other members in case performance of exercise.
- 13. I am informed and understand that Xtreme Fitness recommend that each participant have some form of medical insurance for his/her own protection and clearance from my doctor before using the facility.
- 14. I am informed that intake of food/drinks is to be before and after exercise and I agree to abide by the and I am also informed that smoking is strictly prohibit the person who is doing the workout.
- 15. I am aware and have been informed that certain conditions may be precipitated, aggravated or caused by exercise and indemnify Xtreme Fitness against all occurrences if and when they occur.
- 16. I understand and accept that equipment and/or any the surrounding including my own body may be due to sweating and/or precipitation/ condensation of or spread of oil and agree to take all due precaution for any accident arising out of slipping and/or falling in such events. In case occurrence does occur, I will not hold Xtreme Fitness for such incident and indemnify them for all consequences thereof.
- 17. I am aware that I will complete my workout as per the line given by the gym manager.
- 18. I am aware that I can use the treadmill or any other machine on alternate days and this will not be more than 15 minutes.
- 19. I understand and agree that for monitoring my attention in the gym, the Xtreme Fitness can scan my palm through PVM/Biometric, or carry out any other suitable method of identification as available from time to time.

Signature 

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In case I am opting for Massage then I do hereby consent to the following other than the consent as mentioned in the Clause A here in above.
I understand that the massage therapist does not diagnose illness, disease or any other physical or mental disorder. As such, the massage therapist prescribes neither medical treatment, medicines nor drugs nor performs any manipulation of bones/joints.
It has been made clear to me that this massage is not a substitute for medical examination and/or diagnosis and that I clearly understand that I must see a physician for any physical ailments I have.


- 3. Because a massage therapist must be aware of existing physical conditions, I have declared and stated all my it upon myself to keep the massage therapist updated on my known medical conditions in the prescribed for and take it upon myself to keep the massage therapist updated on my physical health.
- 4. I have been informed that various media (substance) like oil, powder, ointments and other substances will be used as part of the massage. I have been informed that the use of such substances can occasionally cause reaction and/ or side effects and will not hold the masseur or Xtreme Fitness responsible for the same.
- 5. I have been informed that the flooring and other equipments and furniture/ attachments may be become slippery or difficult to retain hold on and I will make every effort to be extra while handling them after/during massage. In case any adverse event or mishap occurs due to such circumstances I will not hold the management or staff of Xtreme Fitness responsible for the same.
- 6. The following are the areas here that I do not want to be included in my massage therapist during the massage:
 - a. _____
 - b. _____
 - c. _____
 - d. _____
- F. In case I am opting for appointing the Personal Trainer then I

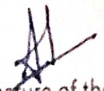
do hereby consent to the following other than the consent as mentioned in the **Clause A** here in above:

- 1. My workout time will be finalized before the personal training sessions will start.
- 2. My personal training sessions will be conducted strictly as per the scheduled time. The session cannot be started before the scheduled time or continued after the scheduled time.
- 3. I acknowledge that no extension of membership (for the sessions not attended) will be granted under any circumstances.
- 4. In case I am not present at the scheduled time of personal training session then I can be marked absent for that particular session.
- 5. I agree that the results from personal training may vary from person to person.
- 6. The personal training is strictly on an alternate day basis; However, I may opt for daily personal training on payment of additional fee.
- 7. I acknowledge that - a) In the conduct of the class or other activity, some physical contact will occur between myself and the instructor or myself and other members of the class; and b) I consent to that contact being made; and c) I will not hold Xtreme Fitness, the instructor or any other member of the class responsible for any injury or illness or physical/mental discomfort I may suffer in respect of that contact.
- 8. In case a personal trainer is absent, then the gym may provide a substitute personal trainer. In case I decline to take a substitute personal trainer, the personal training session will be marked as offered and refused. In case a personal trainer is absent and the gym is not able to arrange for substitute trainer, the training session for that particular day will be carried forward.
- 9. Experienced and/or in-house fitness trainers will provide undivided attention to the member, however, in case of injury or any other medical emergency, the gym will not be responsible or liable for the same. The gym will however, extend first aid and/or transport the person to a nearby medical facility, whereby the person will have to pay the medical bills himself/herself. An important aspect to be kept in mind is that the personal trainer is a fitness expert, meant to assist the member in using the health facilities for his or her betterment, not for providing errand services.

I do hereby declare that with the best of my knowledge I had given all the true and correct information in the Admission form, General Terms and Conditions for admission in health club, health inventory questionnaire and have signed the above consent after reading after it carefully and fully understanding the meaning thereof.

Interested in availing the following services from Xtreme Fitness :

Service Details	Date	Signature
_____	_____	
_____	_____	_____
_____	_____	_____


Signature of the Member

FOR OFFICE USE ONLY

Fees : _____ Paid Date : _____
 Course : _____ Rec. No: _____
 Balance (If any) _____ Due Date : _____
 Counsellor's Sign : _____

Signature of Parent or Guardian
(if Guardian kindly attach proof of legal guardianship)



FITNESS

ACTIVATION FORM

Date: 5/2/2022

I Anusha G Phone No 7259412080 the member of XTREME FITNESS
would like to activate my package from 5/2/22

Package Details:

Reg. No : _____


Package : CHCF

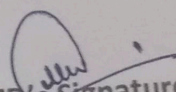
Duration : 1 month.

From : _____ to _____

Note :

- Activation date cannot be changed once billing is done (irrespective of your presence in gym). Hence make sure before you mention the activation date.
- If absent for more than 15 days at a time then member can opt for freezing facility (FREEZING FEES applicable) based on the eligibility and will be applicable only if intimated during the package is active, once package is expired freezing is not possible.
- All packages are non-refundable.
- Package will not be paused/stopped irrespective of any reason.


Member's Signature


FD's Signature

Office Use:

Name: _____

Manager's Signature: _____

Remarks if any: _____

Monica S