Xtreme Fitness.	<i>-</i>	
Branch Address:		РНОТО
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		Date: <u>\$1212022</u> DD / MM / YYYY
		DD / WINN / T. T.
Name in full: Anusha Gaonkar		
Address: Tej Comforts, and cross		Pincode: 58002
Mobile: 7	259412080 Emai	laddress: gankayanusha9@grai
rhone ,————	: Service	
sale of Billing	niversary:ll	Gender: Male / Female
Marital Status. Marriou / Status	iliversary.	
Membership Duration: 5 2 2022 to		
Person to contact in case of emergency:		
Name: Deepa Gaonkas	918	1731122
Name: Deepa Gaon kas Relationship: Mother	Contact No.: 140	
Physician's Details:		
Physician's Name:		
Physician's Phone No.:		
Interested in availing the following services for		Transform
Interested in availing the following	<ul> <li>Massage and Steam</li> </ul>	Reduce
Gym Membership / Complete Health Club Facility i.e.Gym, Cardio and Steam	☐ Weight Loss	Nuform
a and Training	☐ Weight Gain	
The second district the second control of th		
Two references: 1. Name and contact details		
Two references.  2. Name and contact details		Dane in 1346

## GENERAL TERMS AND CONDITIONS FOR

- Xtreme Fitness is open to members of all communities
- All fees will be received strictly in advance at the time of
- Services Tax will be charged as applicable. Fees once paid will not be refunded under any
- Member shall use the equipment/facilities with due care and caution and keep the same in its proper place after use. Any loses or damage to the equipment resulting from careless handing will have to be made good by the
- 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.
- Members shall avail the facilities at their own risk and liability and Xtreme Fitness will not be liable for any loss
- 9. All the ancillary non-paid services being used by a
- member is at his/her own risk, (including but not limited
- 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
- 12. During the program, regular medical chek-ups, and/or at Xtreme Fitness request. treatment are recommended for member/s at their own
- 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
- 15. Extension of the progam 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 car.
- decreased as per circumstances / availability.

  decreased as per circumstances / availability.

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  his information is confidention. Dress Code: I. For Ladies: Stacks / Fights and  $t_{\rm sh}$  four Medical Hostory is very important stack suits. Ii. For gents: track suits/shorts and  $t_{\rm sh}$  levote some time and carefully fill in the contract stack suits tootwear will not be allowed in the gym  $t_{\rm hall}$ . track suits. ii. For gents: track some remove and  $\mathbf{t}_{\beta | \beta_0}$  track suits. ii. For gents: track some din the gyrn half 22. Outside footwear will not be allowed in the gyrn half 22. Outside footwear will not be allowed, a une gym half 23. Members are requested to carry their own towell.
- drinking water for hygienic reasons. drinking water for hygieriic reasons.

  24. Results of the various training programs, class, vary from person to person to person.
- Results of the various training person to pers
- are not guaranteed.

  25. Admission fees of a member will be valid only 25. Admission fees expiry of membership. months after the expiry of membership.
- months after the expiry of members and to any second to extra facilities will be provided to any second to extra facilities what the member has enrolled the theory what the member has enrolled to the second to th No extra facilities will be provided to any specific member/s other than what the member has enrolling member/s other than what the months a dirollog 27. Whenever there is a power cut or load shedding, X_b
- Whenever there is a power cut of 1000 3 1000 alig. X of power (generator etc.). 28. Members should maintain complete silence in  $\mathfrak{th}_{\mathfrak{h}_{\mathfrak{h}_{\mathfrak{q}}}}$
- premises.
  29. Use of mobile phone inside gym hall is strictly prohibited from Fitness it should be a strictly prohibited from
- in silent mode.

  30. Members carrying out their own workout patten do. Please mention if you
- Members carrying out their own risk. Xtreme Fitness is not responsible to their own risk. their own risk. Atreme Fillies is to unadvised exemple accidental damage caused due to unadvised exemple accidental damage caused for exercise equipment schedule and/ or use of exercise equipment.
- schedule and/ or use of exercises for any king.

  31. Xtreme Fitness can contact members for any king. Xtreme Fitness Can Comass. And King promotion/ offer/scheme etc even after he/she ceass
- be a member.

  32. The member agrees that in the event of any discontinuous agrees agrees agree agr The member agrees and the member no process between Xtreme Fitness and the member no process shall lie against Xtreme Fitness in any count, forum snall lie against Allothold dispute is referred to the tribunal, unless such dispute is referred by Independent Arbitrator appointed by Xtreme accordance with the Arbitration and Conciliation 1996. The venue of the Arbitration shall be Hubli and cost of the arbitral proceedings and the legal payable to the arbitrator shall be borne equally Xtreme Fitness and the member, and the arbitral ave passed by the arbitrator shall be binding on Xtre Fitness and the member.
  - 33. Membership is vaild only after signing of disclaim and/or disclaimer form/s.
  - 34.It is the responsibility of the member to collect proper electronic payment receipt after making payment otherwise he will not be permitted to use services.
  - 35. The members are permitted to use the services who are mentioned on the electronic payment receipt of and not otherwise.
  - 36. The member will not provoke/induce any of the Xtre Fitness staff to give him any services for which he has paid the adequate fees.
  - 37. Members are not allowed to being and not accompany any person on the gym floor who is not member of the gym.
  - 38. Members are not allowed to bring any child animal/bird etc. in the club.
    - I have carefully and truly read the above terms and conditions along with disclaimer and/or disclaime form/s and am signing it of my own free will, with the knowledge that the same are binding on me.

Member's Signature

How often do you currer * 1 - 3 days per week

Describe any physical activ

his information is confidential.....

Currently, are you on * No * If Yes then pl

- 1. History of heart pr
- chest pain
- stroke
- 2. More than one heart attack
- Angina pect
- sharp pain climbing s activity)
  - 3. Experience
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    - 14
      - 1

Date:

## MEDICAL HISTORY

This information is confidential. This history will not be shared with anyone without your written consent. Your Medical Hostory 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. Are you taking any medications or drugs? If so, please list medication, dose and reason 2. Describe any physical activity you do regularly 3. How often do you currently workput? 1 - 3 days per week * More than 3 days per week * No, I had not worked out from last ________months / year's 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: No Yes **Particulars** 1. History of heart problems, a. chest pain b. stroke 2. More than one blood relative (parents, sibling, first cousin) had a. heart attack or coronary heart disease before the age of 50 years? b. Angina pectoris, 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 feelling that results from normal 3. Experienced rapid heart action or palpitation? 4. A real or suspected rapid heart action or palpitation? 5. A real or suspected heart attack, Myocardial infarction, Coronary insufficiency or thrombosis? 6. Taken nitroglycerine or any other tablet for chest pain-tablets you take by placing them under the tongue? High blood pressure? 7. a. Ever taken any medication to lower your blood pressure? 7.b. 8. Ever taken special diet to lower your cholesterol? 9. Difficulty in carrying out physical exercise 10. Advice from physician not to exercise 11. Suffering from asthma? 12. Suffering from Rheumatic fever? 13. Do you drink alcohol? 14. Recent surgery (last 12 months) 15. Pregnancy (now or within last 3 months) or 16. Any gynecological disorders 17. Are you under a lot of stress? 18. History of breathing difficulty or lung problems 19. Muscle Injury 20. Joint or back disorder

Signature:

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24. Obesity (more than 20%		W DAY!	Now the last of the last of	and the second s	0	
25. Increased blood cholester	rol		and the second second second second		Antal great high a pro-	
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27. Any condition that has be	en aggra	evated by littling to uscle pull, sprain, surgery, back pa a joint.	3/17	and the second s	[]	
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30. Bone or muscle problem	that shou	uld be considered below.			D	
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heck problems diagnosed by	a doct	or. Circle if you're currently being t	treated.		
bdominal hemia		Heart Disease What type?		Severe neurological disorder	
bdominal wall injury		Hypertension		Severe venous or arterial circulatory disorder	
thritis/Rheumatism		Implants Fever, acute bacterial or viral infections		Sprains/dislocations	
sthma		Infection or inflammation		Stroke/CVA/TIA	
eeding tendency, haemophilia	D	Inguinal hemia	O	Thrombosis/ Phlebitis	
oken bones please list		Kidney/ prostate/ bladder		TMJ (Jaw)Dysfunction	
rsitis		Lactating		Tuberculosis	
ncer		Lupus Erythematosus		Tumours/Cancer	
oal Tunnel Syndrome		Migraine headaches		Ulcer/Colitis/Diverticulitis	
		Multiple Sclerosis		Vertigo	
petes		Muscular Dystrophy			
problem (slipped, herniated, ng)		Osteoporosis			
hysema		Parkinson's Disease			
psy		A pacemaker			
sitis/ Fibromyalgia		Sciatica			
ents				same after due thought and con	sideration
Fitness will be in no way res	ponsib	or accurate and I suffer from any ele/liable for the same or any cons	vent as equend	s a consequence thereof, the maces thereof.	anagemer
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- इ. ी पापकल्लाम् अप दशकाम ग्रम्ह प्राक्षम् स्थापल होत्री गर्ध के विकास का आप क्षामधीर अल्लान् गंकम तिसास लाला का क्षामधी के प्रा Municand drawing drawing of the way to be seen to be s
- E. 1 महत्वपुण्यक ग्रम्म ग्रम्भ प्रश्न में प्राथमिक निर्माणक है ह्यादगीए אמונות אות אכאותאופיתפ זוא באווים או זוא אמוויונא וא Muich the number dien with with inchine suburing cityscal, mercse or activity, and understanding this, I firmly अवरं पानव्यप्राप्यवस्था इसक गांस । अवरं । अवरं प्राप्तवस्था प्राप्तवस्था תוברות ביותו ביותולייתב דוופפר וביותותיים דב ובוויפות באוויונגע לבוצים והאומנים ומינים ואינים אינים וויים וויים אינים וויים וויים וויים אינים וויים וויים וויים וויים אינים וויים וו
- I am also aware of the risk involved in physical average. I hereby warrant that II am physically fit and possess अवस्थान विकास के प्रमाणकार के प्रम के प्रमाणकार के प्रमाण Attenne Fitness, I understand that the choice on participate attuser באביר פאביר ינים ומטונערוועצצע פול ז' titiw בייטרונים which are pair of these activities, and understand it is my sole responsibility to them medical clearance if there is
- I further understand that it can be damperous to use the equipment occased at Attenne Fitness unless I am familiar with the proper methods for its use. Lagree to obtain competent instructions as to the proper methods of using exercise equipment if an notal ready familiar with such methods.
- 9. 1 (in the event the member is uniter 13 years of age . member's parent or quartien) 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 Wheme Filhess and its directors, partners, adents, employees, and other representatives, from any and all acts of regigence and all claims, demands, and liabilities whatsdever, 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 incernmified parties, by reason of any accident linears, injury to or death of any person or persons, or damage to or loss or destruction of any property

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There that I am Demand Intelligently consent to a known with Consent to a known with the second consent to a kindagith countains and regular account to a station I a security something and regular account to the security something account to the sec with the attached rules and regulation with the attached rules to time by Xtramson compile with the auditor from time to time by Xireme Fig. to The Proper actions to a proper manner entires of A server somewhere it a proper manner entirely

- Nicone rimess in a two provide access to the nembers assume full responsibility for any members assume which may result from such many result from such manufactures who provides according to the manufacture which may result from such manufacture which may result from the may result from the manufacture which may result from the manufacture Nomality of parameter who provides access access parson who is not a member, to the Gym, for any person with the loss of membership, and further a whatevery, risks the loss of membership are stated to the loss of the loss o Whatevere, may think fit as per the laws of the land Alleme remember that the protection of my valuables in
- Takes agree used the try responsibility and also known as completely my responsibility and also known as the THREE IS COMPANY DO DO RETURNED OF TRANSFERRED IN CA the ters paid will the facilities for any reason whatsoeve also given to understand that Xtreme Fitne also selven supplements which are sold in its branch otherwise but in case I consume on such recomme then it will be at my own risk, cost and consequence of further agree that before consuming the suppler will take the opinion of my physician
- will asked the opinion of the there is likely to be an will be olinical and/or physical contact for the purp range of motion, pre/post workout stretching, and to of proper technique during workout, between the and myself and with other members in case ( parformance of exercise.
- 17. I am informed and understand that Xtreme Fitness s recommend that each participant have some for medical insurance for his/her own protection and clearance from my doctor before using the facility."
- 18. I am informed that intake of food/drinks is to be rebefore and after exercise and I agree to abide by the and I am also informed that smoking is strictly prohit the person who is doing the workout.
- 19.1 am aware and have been informed that certain n conditions may be precipitated, aggravated or caus exercise and indemnify Xtreme Fitness against al occurrences if and when they occur.
- 20. I understand and accepts that equipment and/or any the surrounding including my own body may be s due to sweating and/or precipitation/ condensation of or spread of oil and agree to take all due precaution p any accident arising out of slipping and/or falling ( such events. In case occurrence does occur, I will no atreme Fitness for such incident and indemnify then all consequences thereof.
- 21. I am aware that I will complete my workout as per th line given by the gym manager.
- 22. I am aware that I can use the treadmill or any other machine on alternate days and this will not be more th
- 23. I understand and agree that for monitoring my attenin the gym, the xtreme fitness can scan my palm th PVM/Biometric, or carry out ant other suitable metho identification as available from time to time.



in case I am opting for Massage then I do hereby consent to the in case I am opining to the consent as mentioned in the Clause A tollowing other than the massage there in above. do hereby consent to the following other than the consent as here in above.

here in above that the massage therapist does not diagnose understand that the massage therapist does not diagnose therapist. here in above. mentioned in the Clause A here in above: nere tand that the control of the physical or mental disorder As the massage therapist prescribes neither the physical or mental disorder As My workout time will be finalized before the personal training illness, the massage therapist prescribes neither medical such, medicines nor drugs nor performs any manifestations. sessions will starts. illness the massage more prescribes neither medical such, medicines nor drugs nor performs any manipulation treatment, joints. My personal training sessions will be conducted strictly as per the scheduled time. The session cannot be started before the of bones/joints.

of bones/joints.

of bones/joints.

it has been made clear to me that this massage is not a lit has been medical examination and/or diagnosis. scheduled time or continued after the scheduled time. of but been made examination and/or diagnosis and that substitute for medical examination and/or diagnosis and that substitute and that I must see a physician for appears 3. I acknowledge that no extension of membership (for the substitute for medical and/or diagnosis and that substitute for medical and/or diagnosis and the substit sessions not attended) will be granted under any circumstances. In case I am not present at the scheduled time of personal aliments massage therapist must be aware of existing Because and conditions, I have declared and stated all must Because a massage therapist updated and it upon physic to keep the massage therapist updated and stated all my it upon training session then I can be marked absent for that particular physical conditions in the prescribed for and take it may known 5. I agree that the results from personal training may vary from myself to receive the prescribed for and take it upon myself medical conditions in the prescribed for and take it upon myself medical the massage therapist updated on my physical massage the massage therapist updated on my physical massage therapist updated on my known myself medical conditions in the prescribed for and take it upon myself medical conditions in the prescribed for and take it upon myself medical conditions in the prescribed for and take it upon myself medical conditions in the prescribed for and take it upon myself medical conditions in the prescribed for and take it upon myself medical conditions in the prescribed for and take it upon myself medical conditions in the prescribed for and take it upon myself medical conditions in the prescribed for and take it upon myself medical conditions in the prescribed for an additional medical conditions in the prescribed for a more massage than a more medical conditions in the prescribed for a more massage and the prescribed for a more medical conditions in the prescr person to person medical currous medical currous medical currous mysel to keep the massage therapist updated on my physical health, heen informed that various media (substantial health, 6. The personal training is strictly on an alternate day basis: to keep the massage that various media (substance) like oil, I have been informed that various media (substance) like oil, ander, ointments and other substances will be used. However, I may opt for daily personal training on payment of Thave been ments and other substances will be used as part of powder, ointments and other substances will be used as part of powder. I have been informed that the additional fee. 7. I acknowledge that - a) In the conduct of the class or other powder, office I have been informed that the use of such the massage. I have been informed that the use of such activity, some physical contact will occur between myself and the massage can occasionally cause reaction and/ or side substances and will not hold the masseur or Yeromand the instructor or myself and other members of the substances and will not hold the masseur or Xtreme Fitness effects and will for the same. 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 responsible for the same. responsible to the requipments informed that the flooring and other equipments have been informed that the flooring and other equipments have been also as a supplier of the responsible to the responsible the class responsible for any injury or illness or physical/mental I have been attachments may be become slippery or difficult and furniture/ attachments may be become slippery or difficult and furniture/ and on and I will make every effort to be a significant and the same and the same are supported to be a significant and supported to be a si discomfort I may suffer in respect of that contact. and furniture, and I will make every effort to be extra while to retain hold on and I will make every effort to be extra while 8. In case a personal trainer is absent, then the gym may provide a to retain them after/during massage. In case any adverse handling them occurs due to such circumstant substitute personal trainer. In case I decline to take s substitute handling mishap occurs due to such circumstances I will not event or mishap or staff of Xtreme Fitness personal trainer, the personal training session will be marked as offered and refused. In case a personal trainer is absent and event or the management or staff of Xtreme Fitness responsible for hold the management or staff of Xtreme Fitness responsible for the gym is not able to arrange for substitute trainer, the training session for that particular day will be carried forward. the same.

The following are the areas here that I do not want to be 9. Experienced and/or in-house fitness trainers will provide The lollowing massage therapist during the massage: included in my massage therapist during the massage: 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. F. In case I am opting for appointing the Personal Trainer then I 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: Signature Date Service Details Course : Signature of the Member _____ Due Date : ___ Balance (If any) Counsellor's Sign: -Signature of Parent or Guardian

(if Guardian kindly attach proof of legal guardianship)

## **ACTIVATION FORM**

Date: 5 2 2022 Anusha of Phone No 7259412080 the member of XTREME FITNESS would like to activate my package from 5 2 22 Package Details: Reg. No Package Duration From Activation date cannot be changed once billing is done (irrespective of your presence in gym). Note: If absent for more than 15 days at a time then member can opt for freezing facility Hence make sure before you mention the activation date. (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 paddaggsamenum-refundable. Packagge will mut the pausent/stopped linesquentive of any reason. lember's Signature ffice Use: Monica.S Name: anager's Signature: marks if any: