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MEMBERSHIP PACKAGE

_____ Month Compulsory Contract Starting: ____/____/____ and ending ____/____/____.

This Contract will automatically be renewed if not cancelled after the 6 month membership expires. BY SIGNING THIS CONTRACT, YOU AGREE TO PAY THE MONTHLY AGREED FEE FOR THE DURATION OF THE CONTRACT EVEN WHEN YOU HAVE NOT USED THE FACILITIES. MONTHLY FEES WILL NOT BE CALCULATED PRO RATA FOR THE DAYS YOU DIDN'T USE IT.

Monthly amount												
Membership activation fee	R											
Upfront payment	R											
Other	R											
TOTAL MONTHLY AMOUNT ▶					R							
START DATE ▶					D	D	M	M	Y	Y	Y	Y

CASH

CHEQUE

EFT

DEBIT ORDER

CREDIT CARD



HEALTH SCREENING

BANKING DETAILS:

Sun Active Gym cc

First National Bank

Account no 63154931307

Branch: Piet Retief 270624

Ref: "Your name & Gym"

ONCE PAYMENT IS RECEIVED, A GYM PASS WILL BE ISSUED FOR THE MONTH PAID FOR. THE GYM PASS MUST BE SHOWN TO THE CONTROL ROOM WHEN ENTERING. SHOULD YOUR GYM FEES BECOME ARREAR, ANY PAYMENT MADE WILL BE ALLOCATED TO THE MONTHS IN ARREARS. A GYM PASS TO ACCESS THE FACILITIES WILL ONLY BE ISSUED ONCE YOUR FEES ARE UP TO DATE ACCORDING TO YOUR CONTRACT TERMS

HEALTH BACKGROUND SCREENING

Do you suffer from a heart condition or have ever had any form of heart disease, previously suffered a heart attack, or have a family history of heart disease?	Yes / No
Do you experience any pain while undertaking physical activity or exercising?	Yes / No
Have you ever experienced faintness, dizziness, shortness of breath, or experienced a loss of balance while undertaking physical activity or exercise?	Yes / No
Do you have diabetes or suffer from high blood pressure?	Yes / No
Do you suffer from asthma?	Yes / No
Do you have a bone or joint problem that could be aggravated by a change in your level of physical activity?	Yes / No
Do you have any other medical condition or injury, currently taking medication, or know of any other reason that would prevent you from exercising?	Yes / No

Please provide additional information if you answered yes to any of the above questions.

If you have ticked any of the above, you may need a signed medical clearance from your doctor before starting exercise.

Doctors Clearance: _____

Date: ____ / ____ / ____

OR

I warrant that I am physically and mentally well enough to proceed with the usage of the facility.

Client self clearance of the above conditions: _____

Date: ____ / ____ / ____



WAIVERS, INDEMNITY and DISCLOSURES

ACKNOWLEDGEMENT & WAIVER OF RISKS & INJURY

SunActive and Sundowner Lodge,

Its trustees, directors, owners, officers, employees, trainers, contractors, volunteers, and agents
And

Participant's Name _____

**WARNING – THIS IS AN IMPORTANT DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS AND OBLIGATIONS.
READ IT CAREFULLY AND DO NOT SIGN IT UNLESS YOU ARE SATISFIED THAT YOU UNDERSTAND IT.
IF YOU HAVE ANY QUESTIONS PLEASE ASK OUR REPRESENTATIVE.**

ACKNOWLEDGEMENT OF RISKS, INJURY AND OBLIGATIONS

I ACKNOWLEDGE that the activity I have voluntarily agreed to undertake is a dangerous activity and that by participating in it I am exposed to certain risks.

The activity includes, fitness classes incorporating cardio vascular exercise, strength and conditioning training, resistance training, weight lifting, boxing and other martial art hybrid classes, personal training sessions, training activities undertaken both on and off the premises, participation in team or individual competitions, and other services provided to the participant by SunActive and Sundowner Lodge.

I ACKNOWLEDGE AND UNDERSTAND that whilst participating in such activity:

- I may be injured, physically, emotionally or mentally, or may die.
- My personal property may be lost or damaged.
- Other persons participating in such activity may cause me injury or may damage my property.
- I may cause injury to other persons or damage their property.
- The conditions in which the activity is conducted may vary without warning.
- I may be injured or die or suffer damage to my property as a result of negligence or breach of contract by SunActive and Sundowner Lodge.
- There may be no or inadequate facilities for treatment or transport of me if I am injured.
- I assume the risk and responsibility for any injury, death or property damage resulting from my participation in the activity.

I FURTHER ACKNOWLEDGE AND UNDERSTAND that whilst participating in such activity:

- I will follow the safety advice, training directions and exercise instructions of the SunActive and Sundowner Lodge trainers, contractors, agents and volunteers.
- If I feel unwell during training or feel pain and/or discomfort, I will cease participating and immediately advise a trainer.
- If, for any reason, I require first aid or medical assistance, I authorise SunActive and Sundowner Lodge to seek emergency medical assistance on my behalf with the understanding that I am responsible for all costs incurred.

RELEASE OF LIABILITY AND INDEMNITY TO SUNACTIVE and SUNDOWNER LODGE

IN CONSIDERATION of the acceptance of my payment for participating in the activity (and except to the extent that the same may be precluded by Law) I AGREE

TO WAIVE ANY AND ALL CLAIMS that I have or may have in the future against SunActive and Sundowner Lodge its trustees, directors, owners, officers, employees, trainers, contractors, volunteers, and agents, notwithstanding that such claims may arise due to Negligence, breach of contract, or breach of statutory duty.

FURTHER:

- I participate in the activity at my sole risk and responsibility.
- I release, indemnify and hold harmless SunActive and Sundowner Lodge, its trustees, directors, owners, officers, employees, trainers, contractors, volunteers, and agents, from and against all and any actions or claims which may be made by me, or on my behalf by other parties, arising out of any injury, loss, damage or death caused to me or my personal property whether by negligence, breach of contract or in any other way whatsoever.

I ALSO AGREE THAT in the event that I am injured or my personal property is damaged, I will bring no claim, legal or otherwise against SunActive and Sundowner Lodge in respect of that injury or damage. This agreement shall be effective and binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect.

SIGNATURE

Signature of applicant: Date:

(PARENT /GUARDIAN TO ALSO SIGN WHERE PARTICIPANT IS UNDER 18 YEARS OF AGE)

I _____ HEREBY ACKNOWLEDGE AND AGREE:

- I have read the whole of this document and understand it.
- I consent to the person named in this acknowledgement and release participating in the activity and
- I am aware of the risks, dangers and obligations set out above in the acknowledgement and release.

IN CONSIDERATION of the person named in this acknowledgement and release being accepted to participate in the activity I AGREE TO THE RELEASE AND

INDEMNIFY SunActive and Sundowner Lodge in the same manner and to the same effect and extent as if I were the person first named in the acknowledgement and release and the person participating in the activity.

GENERAL

Gym Fees, Increases and Contracts

- The monthly member fee is R_____, payable on or before the 1st of each new month.
- A binding _____ Month contract must be signed.

The contract will automatically renew after the initial membership has lapsed unless cancelled in writing.

Should gym fees increase , members will be notified well in advance.

Hand hygiene

- Hand sanitizing stations will be available throughout the gym at designated areas.
- Ensure used tissues, disinfectant wipes and paper towels are properly disposed of in the waste bins provided.

Personal training

- Personal Training will not be offered at this time.

Steam rooms

- The steam rooms can be used.

PLEASE NOTE OF THE FOLLOWING:

DO NOT USE THE STEAMROOMS AND AIRCONS DURING LOADSHEDDING /WHEN THE GENERATOR IS ON!!! IF YOU ARE USING EITHER OF THE ABOVE MENTIONED AND THE POWER GOES OF AND THE GENERATOR GOES ON, PLEASE SWITCH IT OFF IMMEDIATELY!

PLEASE DO NOT USE THE STEAM ROOM IF THE WATER PRESSURE IN THE TAPS ARE VERY LOW. THIS CAUSES DAMAGE TO THE ELEMENTS.

Locker rooms, showers, and washrooms

- Showers may be used.
- Hand Dryers and hairdryers may be used.
- Sanitizer and Hand Soap will be available for hand washing in wash rooms.

Linens and towels

- TOWEL RENTAL WILL NOT BE AVAILABLE.
- Please ensure that you bring your own towel. You may not enter the gym without a clean towel.
- Please bring a proper sized towel with you to properly cover benches and seated equipment. Please do not use a face cloth or face towel for these purposes.

Equipment cleaning and disinfecting

- Members should wipe and sanitize equipment before and after each use with the sanitizer and paper towels provided. Dispose used paper towels in the waste bins provided.
- Allow surfaces and equipment to air dry naturally before use.

Beverages and Water Fountains

- Members should bring their own water bottles.
- The water fountain will still be working, but a bottle must be used at all times.

PLEASE do not drink directly from the fountain.

YOUR PERSONAL PPE

- The wearing of masks are no longer required.
- Though not mandatory, you are welcome to wear gloves but you will still need to wipe and disinfect equipment before and after use.

I _____ HEREBY ACKNOWLEDGE AND AGREE:

- I have read the whole of this document and understand it.
 - I consent to the person/company/facility named in this acknowledgement and release participating in the activity and
 - I am aware of the risks, dangers and obligations set out above in the acknowledgement and release.
- IN CONSIDERATION of the person/company/facility named in this acknowledgement and release being accepted to participate in the activity, I AGREE TO THE RELEASE AND INDEMNIFY SunActive and Sundowner Lodge the same manner and to the same effect and extent as if I were the person first named in the acknowledgement and release and the person participating in the activity.

Signed at _____ on the _____ day of _____ 2026.

Member Signature: _____

SunActive Representative: _____