Diagram

Description automatically generated with medium confidence

**Staff Fitness Centre: Health & Safety Declaration & Waiver Form**

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| --- |
| **Please start by viewing our virtual induction:** [**https:\\view.pagetiger.com/fitness-centre-induction-pack/draft**](https://view.pagetiger.com/fitness-centre-induction-pack/draft) Unfortunately, we do not conduct in person inductions for the fitness centre. **If you are a member of Bank Staff or are not paid directly via NUTH please inform us via email as you will need to set up a direct debit to pay for your membership.** |

|  |  |  |
| --- | --- | --- |
| Fitness Centre (RVI/Freeman or Both) | Payroll Number | Full Name |
|  |  |  |
| Date of Birth | Department/Ward | Contact Number |
|  |  |  |
| Home Address | | |
|  | | |
| Next of Kin | Relationship | Contact Number |
|  |  |  |
| GP Surgery | GP Name | Contact Number |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Official Disclaimer**  There are very few circumstances in which exercise could be anything but beneficial to your health. However, the Fitness Centre is not permanently staffed and there are no facilities for professional fitness assessment. Therefore, in the interests of your own welfare and personal safety, if your suffer from a heart condition, respiratory disorder, other illness or disease, it is strongly recommended that you contact your General Practitioner for advice before undertaking any form of exercise in the Fitness Centre. Having read and understood the implications of this statement, all applicants must sign the following disclaimer before their application can be processed further.  *I understand that the Fitness Centre is not permanently staffed and agree to assume all personal risk associated with using the Fitness Centre facilities. I further agree to the extent permitted by law, to hold blameless the Newcastle upon Tyne Hospitals NHS Foundation Trust and all those associated with the Fitness Centre, in the event of personal injury or death, accidental or otherwise. Furthermore, I agree to be entirely responsible for any loss or damage to personal belongings, no matter how caused, arising from using the Fitness Centre.* | | | |
| Signature |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Virtual Induction Programme Declaration**  Before using the Fitness Centres, all members must have read and understood the virtual induction pack provided to each member; including but not limited to the following subjects:   1. Health & Safety 2. Gym Etiquette 3. COVID-19 measures 4. Freeman Hospital Fitness Centre 5. RVI Fitness Centre 6. FAQ’s   *By signing the below, I declare that I have read and fully understood the contents of the virtual induction pack that has been provided to me. With the inclusion of all Health & Safety measures, gym etiquette and familiarisation of both Freeman and RVI Fitness Centres. I agree to comply with all regulations associated with the Fitness Centre.* | | | |
| Signature |  | Date |  |

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**Staff Fitness Centre: Exercise Pre-Screening Questionnaire**

This is to be complete in preparation for physical activity. It is important that you disclose ALL if your existing medical conditions as part of your Fitness Centre Induction. Memberships cannot be processed without a fully completed form. The Staff Social Club will hold all of the information in the strictest of confidence. This questionnaire does not provide medical advice in any form and does not substitute advice from appropriately qualified professionals.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Have you ever had any injury, illness, back or joint condition that you may feel could be aggravated by exercise? | | | | | | | | Yes / No | |
| 2. Have you ever had Asthma, Diabetes, Epilepsy, Hernia, Dizziness, Gout, Circulation problems, Arthritis, or an Ulcer? | | | | | | | | Yes / No | |
| 3. Have you ever had a Heart Condition, Stroke, Palpitations, Murmurs, or pains in the chest? | | | | | | | | Yes / No | |
| 4. Have either of your parents or brother/sister had any heart problems prior to the age of 60? | | | | | | | | Yes / No | |
| 5. Are you pregnant or recently given birth? | | | | | | | | Yes / No | |
| 6. Are you taking any prescribed medicine? | | | | | | | | Yes / No | |
| Is there any other condition not mentioned in the above that we need to know about to ensure your own safety when using the Staff Social Club Fitness Centres? | | | | |  | | | | |
| **If you have answered yes to any of the above questions or you are not sure, please contact your GP before partaking in any form of exercise. If no, please answer the remaining questions.** | | | | | | | | | |
| Do you currently participate in regular exercise? If yes, please state. | | | | |  | | | | |
| How would you describe your current physical condition? | | | | |  | | | | |
| What are the main benefits you aim to achieve from exercising? | | | | | | | | | |
| Weight Loss | Fitness Improvement | Increase Size | Muscle Tone | | | Sports Specific | Good Health | | Stamina |
| If **any** of the above information change, please inform the Staff Social Club immediately. | | | | | | | | | |
| **I declare that to the best of my knowledge, the information given is correct and I know of no reason why I should not participate in physical activity.** | | | | | | | | | |
| Signed | | | | Date | | | | | |

**Staff Social Club**

The Newcastle upon Tyne Hospitals NHS Foundation Trust

1st Floor, Regent Point

Regent Farm Road, Gosforth, Newcastle upon Tyne

NE3 3HD

🕿0191 28 24047

🖂nuth.staffsocialclub@nhs.net

🖳www.benefitseveryone.co.uk/events

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