

EUREKA TOWER PRE-EXERCISE QUESTIONNAIRE

EUREKA



APARTMENT NUMBER

ACCESS PASS NUMBER

CONTACT DETAILS

NAME

PHONE MOBILE

EMAIL.....

Mark box with an X to indicate "Yes" or "Not sure"

IMPORTANT

Anyone in your family under 60 suffered heart disease, stroke, raised cholesterol or sudden death?

☐

Have you been hospitalised recently?

☐

Have you given birth in the last six week?

☐

Are you Pregnant?

☐

Do you have any infection or infectious diseases?

☐

Are you on prescribed medications?

☐

IF YOU HAVE CROSSED X YES OR NOT SURE FOR ANY OF THE QUESTIONS IN THIS SECTION WE STRONGLY RECOMMEND SPEAKING TO YOUR DOCTOR BEFORE COMMENCING ANY EXERCISE OR EXERCISE TRAINING PROGRAM.

Have you ever had or do you have?

Diabetes ☐

Any heart condition

☐

Epilepsy ☐

High blood pressure >140/90

☐

Asthma ☐

Liver or Kidney condition

☐

Do you smoke ☐

Dizziness/fainting

☐

IF YOU HAVE CROSSED X YES OR NOT SURE FOR ANY OF THE QUESTIONS IN THIS SECTION WE RECOMMEND YOU SPEAK TO THE INDUCTOR OR YOUR DOCTOR BEFORE COMMENCING ANY EXERCISE OR EXERCISE TRAINING PROGRAM.

STATEMENT: I recognise that the Induction instructor is not able to provide me with medical advice with regard to my medical fitness. limitations of my ability to exercise. I have answered the questions to the best of my ability and understand the advice above. Where I have indicated YES to a question I accept that it is my responsibility to seek medical advice for any pre-existing condition before begin an exercise program.

I acknowledge and agree that my participation in the EUREKA facility is entirely at my own risk. I hereby release and forever discharge Eureka Tower and its employees, officers, contractors (including without limitation Lesley Maxwell) and agents from any liability which they may have to me arising from any loss of or damage to my property or any personal injury (including death) which I may suffer as a result of my membership of or participation in the EUREKA gym, pool or facilities.

Signed: _____ Date: _____

EUREKA TOWER GYM AND POOL INDUCTION

CARDIOVASCULAR EQUIPMENT

Awareness and understanding of Gym rules and regulations		<input type="checkbox"/>
Treadmill	Start/Stop	<input type="checkbox"/>
	Speed adjustment	<input type="checkbox"/>
	Incline adjustment	<input type="checkbox"/>
Stepper		<input type="checkbox"/>
Cross trainer		<input type="checkbox"/>
Bikes	Seat Height Adjustment	<input type="checkbox"/>
Rower	Technique	<input type="checkbox"/>
Training Intensity	Heart Rate for age	<input type="checkbox"/>
Stretching		<input type="checkbox"/>

WEIGHT TRAINING EQUIPMENT

Weight Machines	Adjusting Weight (pin)	<input type="checkbox"/>
	Incremental Weights	<input type="checkbox"/>
	Exercise Diagrams	<input type="checkbox"/>
	Adjusting Angle	<input type="checkbox"/>
Free Weights		<input type="checkbox"/>
Fit Balls	Safety	<input type="checkbox"/>

WET AREA

Awareness and understanding of Wet Area rules and regulations	<input type="checkbox"/>
Sauna	<input type="checkbox"/>

Disclaimer:

*I hereby confirm I have been inducted in the use of the Eureka Tower Recreational Facilities. I am aware that providing access to an individual who has not completed a Gym Induction is a breach of Owner's Corporation Rules and can result in Gym access being revoked. All residents are required to complete a Gym Induction before accessing the Recreational Facilities. Persons accessing these facilities without having completed an induction will be doing so against Owner's Corporation Rules and at their **own risk**.*

Signed: _____ Date _____

Office Use only

Trainer Sign off _____ Date Completed _____

BM sign off /Access Provided _____ Date Completed _____