

AERIAL HAMMOCK *fitness*

Membership Form

Member Details

First Name	
Last Name	
Date of Birth	
ID Number (Or passport number if non-South African citizen.)	

Contact Details

Contact Number	
Email Address	
Residential Address	

Please note that your email address will be added to our mailing list, to ensure that you receive timetable changes, vouchers, special offers, class changes etc. We promise not to share your details with any third party, or overload you with emails, and you can always unsubscribe later!

Emergency Contact

Full Name(s)	
Contact Number	
Relationship	

www.aerialhammockfitness.com

bonita@aerialhammockfitness.com
WhatsApp +27 82 714 7467

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Class Package			
Package Type	Month to Month	3 Months	6 Months
Single Class	R150 p/class	R120 p/class*	R100 p/class*
5 Classes per month	R650 pm	R550 pm	R500 pm
10 Classes per month	R950 pm	R850 pm	R800 pm
Unlimited Classes per month	R1200 pm	R1 100 pm	R1 000 pm

*3- and 6-month Single Class rate is only applicable to additional classes.
Household family discount: less 5% per additional member (parent or sibling).

Please indicate your selected package below:

Package Term Period	Monthly / 3 Months / 6 Months
No. of Classes per month	Single / 5 / 10 / Unlimited
Discount (if applicable)	

Monthly payments are due upfront by the 1st of each month. Your sessions for the month are only confirmed once we have received payment from you. Please notify us of the sessions you will be attending for the month.

Fees are subject to change annually. Notification of such increases will be communicated to you well ahead of time.

Class packages and contracts run from the 1st of the month. Should you wish to start classes mid-month, an initial fee will be calculated based on the single class rate for your selected package, and will be applied until your contract commences.

Date of Commencement:	DD / MM / YYYY
Date of Completion: (For 3- or 6-month contracts)	DD / MM / YYYY
Initial fee: (If applicable)	

Banking Details

For EFT payments, please use the banking details below. Unfortunately, we do not have credit card facilities. Please email proof of payment to bonita@dopilates.co.za, with your name and surname as reference.

Account Name:	Do Pilates (Pty) Ltd
Account Number:	62738878993
Bank:	First National Bank
Branch Code:	252645

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Medical Declaration

The member declares that he/she is medically fit to use the studio, equipment and facilities provided by Aerial Hammock Fitness and has disclosed any medical conditions below which might place the member at risk of injury or physical damage when taking part in classes at the studio. The member will notify the instructor of any new medical conditions that arise.

Aerial Hammock Fitness reserves the right to refuse entry to the studio, or to recommend that a member changes from Group to Private classes, if we believe a member's medical condition may affect or result in harm to the member or any other participants. A doctor's note may be requested.

Have you ever had any of the following:	Yes	No
Heart problems	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty with physical exercise	<input type="checkbox"/>	<input type="checkbox"/>
Surgery that required hospitalisation (within the last 12 months)	<input type="checkbox"/>	<input type="checkbox"/>
Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Breathing or lung problems	<input type="checkbox"/>	<input type="checkbox"/>
Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid problems	<input type="checkbox"/>	<input type="checkbox"/>
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>
Are you taking any medication?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please list medication(s), dosage and reason: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>		

Please set out any other existing injuries or medical conditions below:

Signed		Date	DD / MM / YYYY
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Aerial Fitness Liability Waiver

By signing this form, I hereby state that the information contained in my Medical Declaration is true and accurate to the best of my knowledge. I will notify my instructor should any of my medical conditions change. I voluntarily wish to participate in aerial fitness classes and understand that I must follow the safety rules provided by my instructor at all times.

While all measures towards safety will be taken by myself and my instructor, I fully understand that I might injure myself as a result of my participation in these classes.

I understand that the risks of aerial fitness may include, among other things: the likelihood of slipping or falling; silk burns; chafing; pinches; scrapes; scratches; twisting or jolting movements; bruising; sprains or strains; muscle soreness; fractures; head, neck, or back injuries; internal organ injuries; negligence of other participants; or my own physical restrictions.

I hereby state that I am in good health and do not suffer from any known illnesses and disabilities or conditions which would put my life in danger.

Aerial Hammock Fitness and its shareholders, directors, employees, subcontractors, agents and/or affiliates, in whole or in part, shall not be liable, to the extent permissible by law, for any loss, injury, and/or damage (including but not limited to consequential or special damages or loss of profits) of whatsoever nature and howsoever arising whether or not by way of negligence to myself and or any other person (third party), arising out of any injury, loss or impairment sustained from the participation in aerial fitness classes.

By signing this waiver, I hereby state that I fully understand all terms and conditions as set out in the waiver and that I have had sufficient time to review and understand the waiver prior to signing it.

Covid Declaration

I understand and agree that:

- I may have my temperature checked prior to a class. Should my temperature be higher than 38 degrees, I may be refused access to a class.
- I am aware that I need to wear a mask when entering and exiting the studio and when in close contact with my instructor or other participants, but am not required to do so while exercising.
- I will maintain a safe social distance of 1.5m from the instructor or other participants.
- I will wash my hands before and after my session, or use hand sanitiser if no hand washing facilities are available. I will also use hand sanitiser during the session if required.
- I will use my own equipment as required for the session (own exercise mat). My instructor will advise me of any equipment required upfront.
- I will have my own water bottle and towel to make use of during the session.
- I agree to notify my instructor upfront if I feel ill or if I am experiencing any Covid-19 symptoms, and I understand that I may be refused access to a session.
- If I have been in contact with anyone who has tested positive for Covid-19, I will inform my instructor immediately, and I understand that I may be refused access to a session.
- I understand that the protocols and requirements of the Covid-19 situation change over time, and I agree to follow any new standards as required.
- I am aware of all risks of the global Covid-19 situation, and I am voluntarily participating in the classes offered, knowing that it is impossible to keep myself or any other participants safe from exposure. I acknowledge and accept the risk.

Signed		Date	DD / MM / YYYY
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Studio Terms and Conditions

Class Bookings

Please let us know upfront which classes you will be attending for the month as set out by the number of classes in your selected package. Notice via WhatsApp or email is accepted. If you attend regular classes weekly, we will continue booking you for the same group class every week (for example, every Tuesday at 17:30). Should you wish to swap to a different class for the week, you are welcome to do so by notifying us 24 hours in advance.

Refunds

No refunds, discounts or credits are given for classes not attended.

Missed Classes

Please let us know 24 hours in advance if you will not be able to attend your regular class. Notice must be provided in writing (email or Whatsapp).

If you know that you will be away for an extended period, and will not be able to attend some of your classes scheduled in the month, please consider one of the following options:

1. If you are on a month-to-month package: Please consider our single class option for the month.
2. If you are on a 3- or 6-month contract: You may suspend your contract for a period of 1-month. Please notify us of this in writing (email or Whatsapp) at least 7 days before the 1st of the next month. A contract may only be suspended once during the contract period. No classes may be attended while the contract is suspended.

We are unable to offer credits for classes missed without 24 hours' notice before the scheduled start time of the class. Apologies! It is your own responsibility to attend class.

Single / Drop-in Classes

Should you wish to attend single classes on a drop-in basis, please notify us of this at least 24 hours before the scheduled start time of the class. Notice via WhatsApp or email is accepted. Single classes will be billed as per your current contract or package. Class space may be limited and ad hoc bookings are subject to availability.

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Public Holidays

Aerial Hammock Fitness is closed on South African public holidays.

Cancellations

By Us:

Should we need to cancel a class for any of the reasons set out below, you will be notified 24 hours in advance, and a full refund or credit will be given to you only:

1. if there are not enough people booked for a class (minimum 3 per class)
2. should it be raining, or should the weather be unfavourable for an outdoors class and you are not able to attend another class on the schedule.
3. should the instructor be unavailable for the session, and no replacement instructor is available to substitute.

By You:

Should you wish to cancel your classes:

- On a month-to-month package: Please let us know in writing at least 7 days before the 1st of the following month. If no cancellation notice is received, or should you accidentally forget to provide Aerial Hammock Fitness with the above mentioned 7 days' notice of cancellation in writing, kindly make a cancellation payment for the first week of the following month of your regular group classes, as per the single class rate.
- On a 3- or 6-month contract: Cancellation of your 3- or 6-month contract is not permitted before the completion date. We will give you the option to cancel your contract within 5 days of the date of commencement. Cancellation of a contract before the completion date is seen as a breach of contract and is subject to payment of the full amount outstanding up to completion date of the contract.

Contract Completion and Renewal

Should you wish to renew your 3- or 6-month contract, please provide us with written notice of renewal at least 7 days before the contract completion date. Should no notice be received, the contract will renew as per the initial contract terms.

Studio Location

The studio is located at Workout Zone, 110 Edward Ave, Hennopspark, Centurion. Aerial Hammock Fitness reserves the right to change the venue at which training will take place at any time, with 1 month's written notice.

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Social Media

We love to share your progress!

From time to time, we will take class photos and videos, and will share these on our social media accounts. If you would prefer not to be featured on social media, please let us know below.

- Sure, feel free to post my photo anytime!
- Sure, please check with me before posting my image.
- No thanks! Please do not share my photos on social media.

Should you wish to photograph or film your progress in class, please take note of the following:

- Always ask permission before photographing or filming.
- Do not disrupt other participants.
- Please feel free to tag our profile in your posts.

Class Conduct and Corrections

During a class, our instructors may assist you with corrections in exercises. Corrections and assistance may be provided by means of tactile feedback (touch). It is assumed that by entering our classes you give permission for our instructors to give tactile feedback when necessary. If you do not feel comfortable with our instructors using tactile feedback, please let us know prior to the class.

Hygiene and Attire

1. Our classes encourage a "shoe free" training session. Please leave your shoes at the door! You are welcome to wear socks or to train barefoot.
2. Dress in suitable fitness attire that allows you to move freely.
3. For aerial fitness classes, please ensure that the torso and backs of the knees are covered. Please remove watches and any jewellery that may damage the fabric.
4. For your safety, please avoid chewing gum during any exercise.
5. If you're prone to sweat during workouts, please bring a small towel.
6. Please bring a water bottle and be sure to sip water throughout your session.
7. When training outside, don't forget your sunblock!

Thank you for joining Aerial Hammock Fitness. We look forward to assisting you in gaining excellent posture, core strength, and a happy, healthy lifestyle!

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Declaration

I declare that:

1. The details supplied in the application form are true and correct;
2. I have read and understood the terms and conditions and agree to be bound by them;
3. I understand that this is a legally binding contract between myself and Aerial Hammock Fitness, governed by South African law;
4. I understand that Aerial Hammock Fitness will collect and hold my personal information in order to process my membership, for account administration and information updates.

Signed		Date	DD / MM / YYYY
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Parent/Legal Guardian

If a member is under 18 years of age, a parent or legal guardian must sign the consent form below before membership is accepted.

- I confirm that I am the parent or legal guardian of the named person in this application form. I have read this application form and membership rules and consent to the named person entering into the Aerial Hammock Fitness membership. I accept full liability for any debt which may arise as a result of his/her use of Aerial Hammock Fitness and failure to make regular payments as set out in this application form.

<u>Full Name of Parent/Legal Guardian</u>	
<u>Contact Number</u>	
<u>Email Address</u>	
<u>Residential Address</u>	

Signed		Date	DD / MM / YYYY
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