



Refusal to Obtain Medical Clearance

Member Name: _____

Membership Number: _____

Date Of Joining: _____

I acknowledge that, as determined by my responses when completing the Sports Medicine Australia Pre-Exercise Questionnaire and/or Coronary Artery Disease Risk Factor Screening, there is risk associated with my participation in exercise. I have been advised by Unigym staff that I am required to consult a doctor prior to undertaking physical activity.

I am aware that if I choose not to consult a doctor, then I am participating in physical activity at the Unigym at my own risk and take full responsibility for any consequences.

Signed: _____

Date: _____

Witness Name: _____

Signature: _____

Notes

If you have any questions regarding this form, please contact:

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