



MĀTĀTOA GYM APPLICATION, HEALTH & SAFETY INDUCTION, DECLARATION AND CONSENT FOR USE

APPLICANT TO COMPLETE:				
Name:				
Student ID:		Programme:		
Contact:	Mobile phone:	Em	nail:	
Category:	☐ Staff	☐ Student		
APPLICANT'S DEC	LARATION:			
I, the above name	undertake that I:			
me or othe Have recei Will not ac Will only a person. Th WITT ID ca Will not er	ers within Mātātoa Gym. ved appropriate information cess Mātātoa Gym if I am un cess Mātātoa Gym with m is includes non-members, valad. Inter any designated "no ent y my own towel and wipe de	on on how to safely inder the influence y own WITT ID car visitors, family and ry" areas.		
■ If WITT Ma	anagement feels that I have		s system or breached Mātātoa Gym can cancel my membership without a	

- refund of subscription.Am over 16 years of age.
- Am aware that CCTV will be in operation at all times and video footage will be viewed if there is an incident reported.

I declare that:

- I have received health and safety induction training as listed on the reverse of this form.
- ➤ I accept that having access to Mātātoa Gym and adjoining changing rooms will mean that I am fully responsible for my actions within these areas.

Applicant's Signature:	Date:
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MEMBERSHIP INFORMATION

STAFF & STUDENTS - Free after completing this Health and Safety Induction form

WITT ID CARD - A current ID card is required prior to access into Mātātoa Gym

ACCESS HOURS - 5:00am - 8:00pm Daily OPENING HOURS - 5:00am - 9:00pm Daily

From time to time access may be limited due to teaching commitments or equipment maintenance - refer to the Mātātoa Gym timetable for more information.





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Applicants are to book health and safety induction training by contacting one of the qualified gym instructors as follows:

■ Josh Lowl J.Lowl@witt.ac.nz
■ Kieran Vooght K.Vooght@witt.ac.nz

MEMBER'S HEALTH & SAFETY INDUCTION - to be completed by qualified gym instructor			
The WITT qualified gym instructor will complete the following record of health and safety induction for each of the members prior to the commencement of access to the gym.			
Please tick (✓) when complete:			
☐ First-aid kit location and procedures			
☐ Emergency evacuation procedures			
☐ Use of bathroom, toilets and changing facilities			
☐ Smoking/vaping policy			
☐ Hygiene requirements for equipment			
☐ Clothing and footwear requirements			
☐ Location of the defibrillator			
☐ After hours contact information — displayed in the gym			
☐ Incident reporting procedures – location of form			
☐ How to report faulty or damage equipment			
Member's name:			
Member's signature:			
Instructor's name:			
Instructor's signature:			