



Fitness

ILO FITNESS CENTRE

Undertaking and Release

Full Name: _____

Home Address: _____

Email: _____

ILO Dept./Branch/
Unit or external
company: _____

Office number _____

Tel. Ext. _____

Type of Contract _____

I, _____ (please print full name), understand that physical exercise and the use of the facilities and equipment at the ILO Fitness Centre can result in injury and am aware that I should have a thorough physical examination performed by a physician confirming my ability to exercise and use fitness equipment. I also fully understand and agree that the use of the facilities and equipment of the ILO Fitness Centre is at my own risk and I hereby release the ILO and its employees and the Sports and Leisure Association of any liability in case of injury, illness, death, loss or damage to personal effects and/or equipment, which may result, directly or indirectly, from my use of the facilities and the equipment of the Centre.

I confirm that:

- ☒ I currently hold either a ST, FT, WLT contract with the ILO, or
- ☐ I am an intern with the ILO, or
- ☐ I am an ILO retiree, or
- ☐ I am employed by a company working on the ILO premises on a regular basis.

I agree to the conditions of membership and will abide by the rules of the ILO Fitness Centre.

Place and Date: _____ Signature: _____