

MEMBERSHIP PRICE LIST

EXPIRY DATE:		Membership Number:
		1.
		2.
		Method of Payment:

Being a Falmouth Leisure Member entitles you to full use of our indoor pool and gym. *Including 20% off selected Spa Treatments. *Subject to availability.

Please tick selected membership	Paid Monthly	Paid Annually
☐ Single Adult Membership	£30.00	£330.00
☐ Joint Adult Membership	£55.00	£605.00
☐ Family Membership (1 Adult, 1 Child)	£40.00	£440.00
☐ Family Membership (1 Adult, 2 Children)	£45.00	£495.00
☐ Family Membership (2 Adults, 2 Children	n) £65.00	£690.00

Family Packages – Same as Annual Single/Joint Memberships but additional children (aged 3-16) are added at £10 per month, per child. Children under 3 years old are permitted in the pool free of charge.

Application Form

Mr/ Mrs/ Miss	Forename	Surname	//		
Spouse detail	Forename	Surname	D.O.B//		
Children 1	D.O.B/	/ 2			
Adress					
Postcode	Home Tel		Mobile		
Email					
I would like to apply for the membership of the Falmouth Leisure club commencing on					
Signature		/	/		

Please contact the Reception team for any enquiries

Email: reception.falmouth@richardsonhotels.co.uk

The Falmouth Hotel Castle Beach Falmouth TR11 4NZ 01326 312671

^{*}Annual Child Memberships can only be bought as part of a Family Package



MEMBERSHIP DISCLAIMER

By entering and/or utilising the gym facilities you acknowledge there are risks and dangers inherent in physical exercise in any environment and you must declare that you know of no reason, medical orotherwise, why you should not exercise. You understand that any exercise undertaken and equipment used within this facility is voluntary and at your own risk. You agree to waive all legal recourse, accepting negligence, for damages to yourself or others arising from your participation.

You also agree to abide by the standards of acceptable conduct whilst in the facility.

Anyone using the Falmouth leisure facilities is entering at their own risk.

You are only allowed to use the equipment in accordance with manufacture guidance.

Please answer yes or no to the below statements	Yes	No
Do you have a bone or joint problem that may be aggravated by exercise?		
Do you have high blood pressure?		
Do you have low blood pressure?		
Do you have diabetes or any other metabolic disease?		
Do you have raised cholesterol?		
Do you have a heart condition that may be affected when exercising?		
Is your doctor currently prescribing any medication?		
Do you suffer from asthma or have any difficulty breathing?		
If you answered yes to any of the above please give details		
If you have answered yes to one or more of these questions, and have not done so already ple from your GP before undertaking physical activity.	ase seek med	ical advice
For members who pay by standing order, if you would like to cancel your membership at any	point during y	our contract

I hereby state that I have read and understood and answered honestly to the questions above.

I also confirm that I am voluntarily engaging in an acceptable level of exercise.