**Declaration for Fitness Room**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name printed on identity card/Passport), holder of USJ Student Card / Staff Card / Macau BIR / Passport / HK ID no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that my health condition is appropriate for the use of the equipment and facilities in the fitness room. I know of no condition, medical or otherwise, that would inhibit my use of the fitness room. Besides, I accept that I use the equipment and facilities at my own risk and am liable to any injury, loss, or damage caused by myself.

In addition, I confirm that I have read and will abide by the “[Guidelines and Rules for Fitness Room](https://docs.google.com/document/d/1sByYV-4qcmwc45kuZ0RUrm1Q0b7fWHOpkfYIKYiAh6Y/)”, and that I will read and follow the instructions of the equipment before using. I also accept that these documents are subject to ongoing review and amendment as appropriate.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(same as identity card or passport)

***Office Use Only***

Received by:

Signature and ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verified by:

Signature and ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Author:** Residential Hall Office

**Approved by:** Line Manager Administrator Dr Alejandro Salcedo Garcia

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**Access Right:** Available to public

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