

Faculty/Staff Gymnasium Registration Form

Faculty of Architecture and Planning, AKTU

Location: Faculty Activity Center [F. A. C.]

Affix recent
color photo

1. Personal Details

Full Name: _____

Employee ID: _____

Designation: _____

Contact Number: _____

Email ID: _____

2. Emergency Contact Information

Name: _____

Relationship: _____

Contact Number: _____

3. Health Declaration (To be filled by the applicant)

1. Do you have any chronic illness or medical condition? Yes / No

If yes, please specify: _____

2. Are you currently on any medication? Yes / No

If yes, please specify: _____

3. Have you been advised by a medical professional to avoid strenuous activity? Yes / No

4. Liability Waiver

I, the undersigned, acknowledge that my participation in the campus gymnasium is voluntary. I understand the physical risks involved in using gym equipment and undertake to use the facility responsibly. I release Faculty of Architecture and Planning, its management, and staff from any liability in the event of injury or medical incident resulting from gym usage. I confirm that the information provided above is accurate to the best of my knowledge.

Signature of Applicant: _____ Date: _____

For Office Use Only

Application Received On: _____ Approved by: _____