**REVOLUTION AT THE OGH** 

## WORK HARD PLAY HARDER



THE OLD GOVERNMENT HO HOTEL & SPA

THEOGHHOTEL.COM

# WELCOME TO A BRAND NEW YOU

## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

		YES/NO
1	Has your doctor ever said you have heart trouble?	
2	Do you frequently have pains in your chest?	
3	Do you often feel faint or have spells of severe dizziness?	
4	Has your doctor ever said your blood pressure was too high?	
5	Have you ever been diagnosed as diabetic?	
6	Have you suffered frequent back injury or pain?	
7	Are you taking any medication or drugs that may affect your ability to exercise?	П
8	Are you pregnant?	
9	Do you have any health/physical limitations that we need to be aware of?	
10	Do you have any hidden disabilities that we should be aware of?	

## CHOOSE YOUR MEMBERSHIP

Take advantage of a range of benefits throughout the hotel, restaurant and Spa to really fit your lifestyle.

#### **NEW**

PLATINUM (DIRECT DEBIT)
£109PM

CORPORATE (DIRECT DEBIT)
£93PM

Platinum members receive one complimentary treatment per month as part of their membership, subject to terms and conditions.

GOLD (DIRECT DEBIT)

£84<sub>PM</sub>

GOLD (PAID MONTHLY)

F90PM

CORPORATE (DIRECT DEBIT)

68PM

OFF PEAK

£67PM | £63PM

DIRECT DEBIT)

ALLOWS MEMBERS USE OF THE GYM AT THE FOLLOWING TIMES:

#### MONDAY TO FRIDAY

8:00 - 12:00

14:00 - 17:00

19:00 - 21:00

SATURDAY, SUNDAY AND BANK HOLIDAYS

9:00 - 18:00

#### **Terms and Conditions**

Platinum membership is payable by direct debit only. Direct Debit has a 3-month commitment period, after which payments can be paused or cancelled with 1 month's payment notice. Members can select one complimentary treatment from the Platinum Membership treatment list each month, subject to Spa availability. Complimentary treatments are available Monday to Thursday only and cannot be carried over to another month or transferred to another person. Upgrades are available at an extra cost, and early booking is advised.

## ALL MEMBERSHIPS INCLUDE

- Unlimited use of fully equipped gym, free weights, two whirlpool spas, sauna, steam room and chill out room.
- Changing room and lockers, one large and one small towel per visit.
- · Complimentary infused tea and mineral water.
- All conditioning and aerobic classes. Booking required.
- 10% discount on all food and drinks in The OGH Bar, The Brasserie,
   The Curry Room at The Governor's and The Crown Club.
- 20% discount on all treatments at The OGH Spa (Monday Thursday)
   10% discount on all treatments at The OGH Spa (Friday Sunday)
- 10% discount on hotel accommodation, subject to availability.

## PLATINUM TREATMENTS (Monday to Thursday)

### **CLEAR SKIN EXPRESS Skin Cleansing Treatment**

Maximum result with minimum time – your skin will be rejuvenated after this hands-on treatment. Our therapists will cleanse, tone, exfoliate your skin and leave you feeling relaxed and your skin glowing.

### DEEP TISSUE BACK, NECK, SHOULDER MASSAGE - 30min

Submit your body to a vigorous workout of deep rhythmic pressure focused on relieving specific stress and muscle tone.

### SWEDISH BACK, NECK, SHOULDER MASSAGE - 30min

A classic European massage using long strokes and kneading of the layers of muscles. This soothing massage helps to relieve tension, improving circulation and flexibility.

## **FOOT MASSAGE - 30min**

Treat your feet to the ultimate relaxation that will achieve therapeutic results through your entire body and let your stress and tension disappear.



## YOUR PAYMENT DETAILS

NAME OF BANK			
BANK ADDRESS			
ACCOUNT NAME			
SORT CODE			
ACCOUNT NUMBE	R		CARD TYPE
I AGREE TO M	Y ACCOUNT BEIN	G DEBITED ON THE 1	ST OF EACH MONTH
MEMBERSHIP (PLE	ASE TICK ONE)		
PLATINUM	GOLD	CORPORATE	
SIGNATURE			
TOTAL COST			

For more information, call 724921 or email revolution@theoghhotel.com or visit www.theoghhotel.com

## MEMBERSHIP APPLICATION

TITLE (Circle as appropriate)	MISS / MRS / MS / MR / OTHER (please specify)	
FIRST NAME	SURNAME	
DATE OF BIRTH		
CURRENT ADDRESS		
	POST CODE	
TEL	EMAIL ADDRESS	
EMPLOYER (if joining a corporat	te membership)	
NAME OF EMERGENCY CON	NTACT	
TEL		
RELATIONSHIP		
DOCTOR'S NAME		
Would you like an induction phow the gym equipment work	provided by our qualified instructor to show you	PLEASE TICK
I/We would like to have induc	ction to be shown how to use the gym equipment correctly	
I/We do not need to have ind	luction to be shown how to use the gym equipment correctly	
equipment within Revolutions I/We accept full responsibility	have been offered an induction to the fitness suite and its s @ the OGH. I understand that by declining this offer that y for any injury or harm I/We may cause due to the incorrect e staff at Revolution are not liable for any such occurrence.	
NAME	SIGNATURE	
NAME	SIGNATURE	
DATE	DATE	