

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)

£104_{PM}

CORPORATE (DIRECT DEBIT)

£88_{PM}

PLATINUM MEMBERS MAY RECEIVE ONE COMPLIMENTARY TREATMENT PER MONTH AS PART OF THEIR MEMBERSHIP.

GOLD (DIRECT DEBIT)

£79_{PM}

GOLD (PAID MONTHLY)

£85_{PM}

CORPORATE (DIRECT DEBIT)

£63_{PM}

OFF PEAK

£62_{PM} | £58_{PM}
(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 and these may not be carried over to another month or transferred to another person. Upgrades are available at an extra cost. 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.
- 10% discount on all treatments at The OGH Spa.
- 10% discount on hotel accommodation, subject to availability.

PLATINUM TREATMENTS

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.

LEG REVIVAL Leg Soothing Treatment

A targeted treatment to comfort and relieve tired and heavy legs. After an exfoliation a soothing mask is applied to the legs, followed by a wrap. This is ideal for those suffering from fluid retention, tight muscles and sore legs.

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 – 45min

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 NUMBER

CARD TYPE

☐ I AGREE TO MY ACCOUNT BEING DEBITED ON THE 1ST OF EACH MONTH

MEMBERSHIP (PLEASE 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 corporate membership) _____

NAME OF EMERGENCY CONTACT _____

TEL _____

RELATIONSHIP _____

DOCTOR'S NAME _____

INDUCTION WAIVER FORM

Would you like an induction provided by our qualified instructor to show you how the gym equipment works?

PLEASE
TICK

I/We would like to have induction to be shown how to use the gym equipment correctly

☐

I/We do not need to have induction to be shown how to use the gym equipment correctly

☐

I/We acknowledge that I/We have been offered an induction to the fitness suite and its equipment within Revolutions @ the OGH. I understand that by declining this offer that I/We accept full responsibility for any injury or harm I/We may cause due to the incorrect use of equipment and that the staff at Revolution are not liable for any such occurrence.

☐

NAME _____ SIGNATURE _____

NAME _____ SIGNATURE _____

DATE _____ DATE _____

THEOGHHOTEL.COM

REVOLUTION AT THE OGH

WORK HARD
PLAY HARDER



★★★★★

THE OLD GOVERNMENT HOUSE
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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Do you frequently have pains in your chest? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Do you often feel faint or have spells of severe dizziness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Has your doctor ever said your blood pressure was too high? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Have you ever been diagnosed as diabetic? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | Have you suffered frequent back injury or pain? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | Are you taking any medication or drugs that may affect your ability to exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | Are you pregnant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | Do you have any health/physical limitations that we need to be aware of? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Do you have any hidden disabilities that we should be aware of? | <input type="checkbox"/> | <input type="checkbox"/> |

