



## Rider History Form

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mobile no: \_\_\_\_\_

Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_

How did you hear about O-health:

- Referral- if so who: \_\_\_\_\_
- Website
- Advertising- where: \_\_\_\_\_
- Other: \_\_\_\_\_

What do you expect from your consultation:

- Performance gains
- Comfort
- Injury management
- Other (please explain): \_\_\_\_\_

### Riding Style

How would you describe your riding:

- Recreational
- Serious recreational
- Racing
- Other: \_\_\_\_\_

If so, what discipline/category

- MTB
- Road
- Triathlon
- Touring
- Other: \_\_\_\_\_

Do you participate in any other activities/sports?

- If so, what:

\_\_\_\_\_

How many hours/kms per week do you ride?

\_\_\_\_\_



How many days/week do you ride?

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What are your goals for your cycling?

- Health and Fitness
- Event name(s): \_\_\_\_\_
- Race name(s): \_\_\_\_\_

### Injury Status

Do you have a history of cycling injuries? Yes / No

- If so, where: \_\_\_\_\_

Have you had any falls recently? Yes / No

- Any injuries? \_\_\_\_\_

Do you have any complaints of pain and/or discomfort while riding? Yes / No

- If so, where: \_\_\_\_\_

Do you suffer from any of the following:

- Numbness?  
If so, where: \_\_\_\_\_
- Hot spots?  
If so, where: \_\_\_\_\_
- Foot pain
- Knee pain
- Back pain
- Headaches
- Aches/pains upon commencement of cycling?  
If so, where: \_\_\_\_\_

### Your bike

- Brand:
- Model and year:
- Size:
- Handlebar:
- Pedal system:
- Saddle:
- Group set:
- Km's ridden on this bike:



**WAIVER OF LIABILITY**

In consideration of the opportunity afforded to me to enter the premises known as Cycle Station located at 480 Young Street, Albury NSW 2640 (in association with "O-health") and/or to obtain bike fitting services or related services or advice, I, the undersigned,

\_\_\_\_\_, being over the age of EIGHTEEN (18) years and intending to be legally bound HEREBY AGREE AS FOLLOWS:

1. I knowingly, freely and voluntarily, waive, release and forever discharge Cocamba Pty Ltd TA O-health and all of their parent, subsidiary, related, or affiliated companies, and their/its agents, servants, officers, directors, employees, members, shareholders, attorneys, landlords and property owners, and/or guests or patrons (hereinafter referred to collectively as "O-health"), of and from any and all claims, actions, causes, causes of action, suits, damages, losses, attorneys' fees, compensation, expenses and claims, whether in law or in equity, whether known or unknown, whether foreseen or unforeseen, or whether contingent or not contingent, (hereinafter referred to collectively as the "Claims"), arising out of or in connection with, or as a result of (i) my being on the above-described premises, or (ii) my participation or involvement in any O-health bike fit, O-health bike fitting service, O-health bike fitting advice, O-health bike fitting activities or riding a bike involving any O-health bike fitting services or advice, or any other services, work or advice incidental or related to entry at the above-described premises or O-health bike fitting.

2. I assume all risks of injury to myself while participating in any bike fit, bike fitting, and/or related activities (for example, riding a bicycle after receiving bike fitting services by O-health), and services or advice incidental or related to O-health bike fitting and entry at the above-described premises.

3. This agreement does not serve as a release or waiver of any Claims for any injury resulting from the willful, wanton, reckless, or intentional misconduct of O-health, their/its officers, directors, agents, servants, or employees.

4. If any portion or term of this Agreement is held or determined to be void, unenforceable or invalid, then such portion or term shall be severable from the Agreement and it shall remain in full force and effect.

I acknowledge I have read, and agree to the terms listed above:  Yes  No

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name : \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Post Code: \_\_\_\_\_

