



Pre-activity response questionnaire

Name		Date of Birth			
Address					
Phone					
It is our professional duty of care to ask all participants, no matter what age, to complete the following questions.					
A. Physical Activity					
How long have you been a sporting/recreational cyclist?					
How frequently do you cycle? (average number of sessions per week)					
What is the estimated distance or time you ride each week?					
Have you ever participated in a cycling event – if yes which event/s?					
What other type/s of physical activity do you participate in?					
B. Medical/ Health					
Please list any previous or existing medical conditions that you suffer from?					
Please list any medications you are presently taking (e.g. blood pressure medication)?					
Please list any previous or existing injuries that we should be aware of?					
Please list any previous surgery/s that we should be aware of?					
When was your last medical check-up with Doctor?					
<p>In relation to the above question we strongly recommend and encourage any participant partaking in Team Brunetti cycling sessions to have been medically screened by their doctor within the last 12 months – regardless of age or perceived fitness levels and well-being. If we feel it necessary we will request that a participant receives a medical clearance from their doctor prior to participating in any exercise sessions with Team Brunetti. The physical activity that you will be participating in will vary its stress from comfortable to more strenuous and challenging levels of output. Every effort will be made to minimise exercise risks by provision of appropriate advice prior to / during / post exercise. Brunetti and its agents assume no liability for persons who undertake physical activity. If in doubt after completing the questionnaire, consult your doctor prior to physical activity.</p>					
<p>I acknowledge that I have read this form in its entirety or it has been read to me, and the information I have given is accurate and complete. I understand my responsibility in the exercise sessions in which I will be engaged. I accept the risks, rules, and regulations set forth. Knowing these, and having the opportunity to ask questions which have been answered to my satisfaction, I voluntarily consent to participate.</p>					
Signed by Participant		Date			