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# Participant Registration Pack

March 27 to March 29, 2020



The Friendlies  
**HINTERLAND  
AND  
COASTAL RIDE**  
**2020**  
CHARITY EVENT

*Supporting  
The Friendlies Foundation*

[thefriendlies.org.au/cyclingtour](http://thefriendlies.org.au/cyclingtour)



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## PART A

# The Friendlies Cycling Tour

## Bundaberg – Biggenden - Woodgate - Bundaberg In aid of The Friendlies Foundation

In 2020, The Friendlies Foundation will hold a three-day charity cycling event, The Friendlies Cycling Tour, from Friday, March 27 to Sunday, March 29.

The ride will take in the beautiful scenery of our region

- Day 1: Bundaberg to Biggenden
- Day 2: Biggenden to Woodgate Beach
- Day 3: Woodgate Beach to Bundaberg

### Information for Cyclists

All participating cyclists will need to be proficient by ride time and in riding safely in a peloton.

**Riders will travel 255km over three days.**

Our non-sponsor riders will pay a \$250 entry fee and be required to raise \$500 each.

Our riders \$250 entry fee will cover

- All meals, nutrition at breaks and bottled water
- Official Ride Jersey
- Two night accommodation in a hall or caravan park, with shower & toilet facilities
- Medical support
- Mechanical support for riders.

In conjunction with The Friendlies Cycling Tour, The Friendlies Foundation is running an art union, with gross sales of tickets by a rider going towards their fundraising contribution. Riders can fundraise in any way. Donations are tax deductible.

### What you need to bring on Tour

- Spares, inc tubes
- Cool weather gear
- Day pack
- Overnight pack. swag/bed roll, tent (not essential), pillow/bedding
- 2 pairs nicks, one to be black to go with the event jersey on Days 1 & 3. This will be laundered at the end of Day 1. One complete kit of your choosing for Day 2.

**What we supply**

- Safety Escorts front & rear
- Medic, mechanic, ride leadership, gear trailer
- Meals, nutrition at breaks, bottled water
- Official jersey and socks, cap & musette.
- Overnight camp type facilities.
- Laundry of your Day 1 kit, ready for Day 3.
- An activity pre-dinner on each night.

**What you now need to do**

- Fill out Part B and sign Page 9. Please return ASAP as directed with payment of \$250
- Fill in the Medical Part C. See your GP and have them sign ok. Riders need to also sign page 16. Send back as directed.
- Get fundraising. When you have paid \$250 and sent your form back, please contact us to get a supply of Art Union Tickets if you want.

For full information about routes and distances, please visit our website [thefriendlies.org.au/cyclingtour](http://thefriendlies.org.au/cyclingtour).

## PART B

## Risk Responsibility &amp; Waiver Form

Important risk warning: read this carefully

By its very nature, the Charity Ride is challenging and demanding and that involves risk. You are participating in the Charity Ride with the expectation of deriving for yourself personal rewards that are outside your ordinary experience. Accompanying that are risks that you will encounter which are also outside your ordinary experience.

The Charity Ride may be hazardous, even under the safest conditions possible. You should expect to encounter dangers and risks including riding in a group on busy roads and country roads where large vehicles including road trains will be encountered.

The Charity Ride will involve physical demands that will be outside most people's ordinary experience. Any lack of physical condition, health or stamina will add to your risk in participating in the Charity Ride.

Control over elements of the Charity Ride will be in the hands of parties other than The Friendlies Tour that could result in inconvenience to you, changes in scheduling or your expectations not being met. Patience and flexibility will be required of you.

During the course of the Charity Ride, you will be at some locations which are remote. This means that if you suffer an injury, accident or illness, it might not be possible for you to get immediate or prompt medical attention. Emergency evacuations may be difficult to arrange and there may be delays. Communications with people outside the party undertaking the Charity Ride may be difficult.

You participate in the Charity Ride at your own risk.

1. These definitions apply to terms used in this document

|                              |   |
|------------------------------|---|
| <b>“Charity Ride”</b>        | means the high tempo and physically demanding Charity Ride offered by The Friendlies Cycle Tour.  |
| <b>“The Friendlies Tour”</b> | means The Friendlies Foundation ABN 42 912 762 197 of Private Mail Bag 11, Bundaberg, Queensland 4670 and also includes that company's directors, agents and employees. |
| <b>“Participant”</b>         | means the person named at the end of this document.   |

2. The Participant enters into this document in consideration of The Friendlies Tour allowing the Participant to participate in the Charity Ride.
3. The Participant has voluntarily decided to participate in the Charity Ride.

4. The Participant voluntarily assumes all:
  - 4.1 inherent risks associated with the Charity Ride (that is, risks of something occurring that can not be avoided by the exercise of reasonable care and skill); and
  - 4.2 obvious risks associated with the Charity Ride (risks that, in the circumstances, would have been obvious to a reasonable person in the Participant's position, even if they have a low probability of occurring); and
  - 4.3 to the extent legally possible, risks that are neither inherent risks nor obvious risks.
5. The Participant will not sue The Friendlies Tour for any loss, damage or liability (whether in contract, tort, breach of statutory duty or otherwise and whether for personal injury, death, property damage, loss or destruction of property or otherwise) suffered by the Participant as a result of any of the following risks or anything occurring which is a manifestation of any of the following risks:
  - 5.1 inherent risks associated with the Charity Ride (that is, risks of something occurring that can not be avoided by the exercise of reasonable care and skill); or
  - 5.2 obvious risks associated with the Charity Ride (risks that, in the circumstances, would have been obvious to a reasonable person in the Participant's position, even if they have a low probability of occurring); or
  - 5.3 to the extent legally possible, risks that are neither inherent risks nor obvious risks.
6. The Participant consents to The Friendlies Tour administering or arranging for any medical aid or preventative treatment which The Friendlies Tour considers advisable in its discretion in the event of any injury, accident or illness suffered by the Participant in the course of undertaking the Charity Ride. The Friendlies Tour will not have any liability to the Participant in relation to any such treatment or its quality or for not administering or arranging any such treatment. The Participant will pay for any such treatment and any evacuation or transport arranged by The Friendlies Tour in connection with any such treatment.
7. **Requirements of Participants**
  - 7.1 A Participant may attend and participate in the Activities only if the Participant:
    - (a) is at least 18 years old and has full legal capacity (unless The Friendlies Tour in its discretion agrees otherwise); and
    - (b) signs the Waiver Form and gives it to The Friendlies Tour and
    - (c) completes the Questionnaire and gives the completed Questionnaire to The Friendlies Tour and
    - (d) does not disclose any adverse medical or other conditions in the completed Questionnaire; and
    - (e) provides a medical clearance (in a form required by or acceptable to The Friendlies Tour) from a general medical practitioner; and

- (f) attends and participates in all briefings, training and presentations required by The Friendlies Tour before the departure for or commencement of the Activities or any component of the Activities,
- (g) paid the sponsorship amount of \$200.00 to The Friendlies Tour or provides evidence of commitment of this amount to the satisfaction in the absolute discretion of The Friendlies Tour .

7.2 If a Participant has not satisfied those requirements by the scheduled notified deadlines, the Client will be taken to have cancelled the Booking Contract with respect to that Participant on the day of the relevant deadline.

## 8. Conduct of Activities

8.1 Each Participant must comply with:

- (a) these terms and conditions; and
- (b) the lawful instructions given by The Friendlies Tour during, or regarding the conduct of, the Activities. The Participant acknowledges that the charity ride is a single group ride with one daily start and finish time for all that will be subject to terms and conditions imposed not only by The Friendlies Tour in relation to the safety of all participants but also as dictated by the Queensland Police Department Special Events in relation to conditions imposed on permits given by them or any other Government Department for the conducting of the charity ride.

8.2 The Friendlies Tour may expel a Participant from the Activities, and may refuse to allow the Participant to further participate in the Activities, if the Participant:

- (a) breaches these terms and conditions in a substantial way; or
- (b) disobeys a lawful instruction given by The Friendlies Tour during, or regarding the conduct of, the Activities including ignoring medical directions from the Team Doctor. and from the time of the expulsion, The Friendlies Tour :
- (c) has no further obligation under the Booking Contract regarding that Participant; and
- (d) has no further liability to the Client (or the Participant); and
- (e) is not required to refund to the Client any money paid under the Booking Contract.

8.3 The Friendlies Tour reserves the right to:

- (a) change the Activities; and
- (b) cancel any component of the Activities.

8.4 The Client promises The Friendlies Tour \* that except as disclosed in the Participant's completed Questionnaire given to The Friendlies Tour each Participant is physically fit and capable of undertaking the Activities.

8.5 The Client must advise The Friendlies Tour in writing of any special requests of any Participant (including dietary requests and health conditions) when making the booking.

- 8.6 The Friendlies Tour is not obliged to meet any special requests but if it does, the Client must pay to The Friendlies Tour the resultant costs incurred or anticipated by The Friendlies Tour before departure or commencement of the Activities (whichever is earlier).
9. The Participant releases The Friendlies Tour and will indemnify The Friendlies Tour against any loss, damage or liability covered by condition 5 or 6.
10. The Participant agrees to comply with the lawful instructions given by The Friendlies Tour during, or regarding the conduct of, the Charity Ride.
11. The Participant promises The Friendlies Tour that the Participant:
- 11.1 is at least 18 years old and has full legal capacity (unless disclosed otherwise by the Participant to The Friendlies Tour in writing before the participant signed this form or this form is signed on behalf of the Participant by the Participant's legal guardian); and
- 11.2 has fully and accurately disclosed, or will fully and accurately disclose, to The Friendlies Tour the information in or called for by any questionnaire completed by the Participant before or after the Participant signs this document; and
- 11.3 will fully and accurately disclose to The Friendlies Tour if any of the information covered by paragraph 9.2 changes or becomes incomplete, inaccurate or out of date for any reason before the Participant's participation in the Charity Ride is complete, as soon as that happens.
12. The Participant acknowledges that if the Participant is not the person who has entered into a contract with The Friendlies Tour under which The Friendlies Tour is to provide the Charity Ride, the Participant has no contract (other than under this document) with The Friendlies Tour in relation to the supply of services or goods connected with the Charity Ride.
13. The Friendlies Tour is not a carrier and is not liable for injury, death, loss of or damage to property or any other loss or damage suffered by the Participant in connection with carriage by land, sea or air in connection with the Charity Ride or in transit to or from the Charity Ride.
14. Except as required by any legislation:
- 14.1 The Friendlies Tour gives no warranty or guarantee with respect to any product, commodity, article or other thing supplied by The Friendlies Tour and
- 14.2 The Friendlies Tour is not liable for the loss of use of tangible property which has not been physically damaged or destroyed resulting from a delay in or lack of performance by or on behalf of The Friendlies Tour of any legal obligation it owes to the Participant.
15. Some laws, like the Trade Practices Act 1974 in Australia, may create warranties, conditions, rights or remedies, in relation to the supply by The Friendlies Tour of services or goods, that cannot be excluded, restricted, modified or limited ("Non-Excludable Terms"). To the fullest extent permitted by law, The Friendlies Tour's liability for breach of or under a Non-Excludable Term of which the Participant has the benefit is limited at The Friendlies Tour's option to the following:
- 15.1 in the case of services - supplying the services again or paying the cost of having the services supplied again; or



- 15.2 in the case of goods - repairing the goods, supplying equivalent goods or paying the cost of repairing the goods or supplying equivalent goods.
- 16. The Friendlies Tour is not liable for indirect, special, economic or consequential loss or damage or loss of revenue, profits, goodwill, bargain or opportunities or loss of anticipated savings that the Participant incurs or suffers in any way, whether:
  - 16.1 The Friendlies Tour caused it by its negligence; or
  - 16.2 The Friendlies Tour knew or should have known of the possibility of the loss or damage.
- 17. The Charity Ride comprises recreational services (as defined in section 74 of the Trade Practices Act 1974) and The Friendlies Tour excludes:
  - 17.1 any warranty that the recreational services will be rendered with due care and skill or that any materials supplied in connection with those recreational services will be reasonably fit for the purpose for which they are supplied; and
  - 17.2 any right that the Participant would otherwise have under, or because of a breach of, a warranty covered by paragraph 15.1; and
  - 17.3 any liability that The Friendlies Tour would otherwise have under, or because of a breach of, a warranty covered by paragraph 15.1, to the extent that the warranty, right or liability would apply to liability for death or personal injury (as defined in section 74 of the Trade Practices Act 1974).
- 18. The Friendlies Tour has a Privacy Policy which is attached to this document as Annexure "A". The Participant consents to the collection, use and disclosure of any personal information of the Participant as contemplated by The Friendlies Hinterland & Coastal Ride's privacy policy. The Participant also consents to the use by The Friendlies Tour in any advertising, broadcasting, telecasting or publishing Charity Ride of:
  - 18.1 any photograph or film taken by or on behalf of The Friendlies Tour of the Participant; and
  - 18.2 any testimonial or endorsement of The Friendlies Tour or any of its services by the Participant and of the Participant's name in relation to the use of that testimonial or endorsement.
- 19. The courts of Queensland and Australia at Brisbane have non-exclusive jurisdiction to hear and determine disputes relating to the legal relationship between The Friendlies Tour and the Participant which are within the respective jurisdictions of those courts (as regards the type of relief claimed and the amount involved in the dispute).

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|                        |                     |
|------------------------|---------------------|
| Date Signed            | Name (Please Print) |
| Participants Signature |                     |
| Participants Address   |                     |
| Phone Number           | Email Address       |



## Annexure “A” - Privacy Policy

The Friendlies Tour Privacy Policy explains how The Friendlies Tour protects your privacy and confidentiality. This statement applies to your interaction with The Friendlies Tour By submitting information to us you consent to us using and disclosing your information in the methods described in this Privacy Statement.

### Personal Information

The Friendlies Tour may collect the following information from its members, contractors, employees, applicants and other individuals The Friendlies Tour undertake business interactions with:

1. Identification details - including name, address, contact numbers, email address and date of birth.
2. Health information - this includes the information provided on The Friendlies Tour 's Charity Ride and Questionnaires which are completed upon signing on for the The Friendlies Tour 's Charity Rides. This information will not be passed on to outside parties.

The Friendlies Tour understands that this information is highly sensitive and is only collected with your consent.

This information is collected through application forms and The Friendlies Tour questionnaires, and assists The Friendlies Tour in providing its clients with personalised services.

### Collection of Information

The Friendlies Tour may collect your personal information in a number of ways including:

1. From you directly or when you sign on to one of The Friendlies Tour 's Charity Rides. We also collect Next of Kin contact details in the case of an emergency.

### Updating Personal Information

The Friendlies Tour takes practical steps to ensure that the personal information gathered from clients is correct and current. This also relies on the accuracy of the information you provide. The Friendlies Tour request that you keep your information up-to-date so that we can continue to provide you with a personalised service and ensure that you receive information on The Friendlies Tour 's products and services.

The Friendlies Tour asks you to please:

1. let the office know if any of the information held on you is out of date or has changed;
2. update your details.

### Use of Personal Information

Your personal information may be used by The Friendlies Tour in the following ways:

1. for the purpose for which the information was collected
2. to provide you with access to your personal information

This information allows The Friendlies Tour to provide a personalised and enhanced service to clients.

The Friendlies Tour will not use this information for any other purpose without your consent and will not pass this information on to third parties without your consent.

When The Friendlies Tour do temporarily provide personal information to companies who provide services to the organisation, such as insurance companies, The Friendlies Tour require that these providers protect your personal information as thoroughly as we do.

### **Complaints about Privacy**

If you have any complaints relating to online privacy issues on the The Friendlies Tour website please notify the office via email to [sbonnett@fsph.org.au](mailto:sbonnett@fsph.org.au).

### **Securing your Personal Information**

The Friendlies Tour takes reasonable steps to make certain that personal information is securely stored to prevent unauthorised access or disclosure of your personal information. The Friendlies Tour cannot guarantee that unauthorised access to your personal information will not occur, whether it is during transmission or after that information has been received.

### **How to contact The Friendlies Tour**

If you have any questions in relation to privacy please contact The Friendlies Tour

The Friendlies Tour

**Mail:** Private Mail Bag 11, Bundaberg QLD 4670

**Email:** [foundation@thefriendlies.org.au](mailto:foundation@thefriendlies.org.au)

**Phone:** 07 4331 1024

This Privacy Policy applies to The Friendlies Tour , its employees and contractors.

## PART C

## PARTICIPANT QUESTIONNAIRE AND MEDICAL CERTIFICATION BY YOUR DOCTOR

This information sheet is designed to ensure The Friendlies Tour has all the details necessary to plan and conduct your bike ride. All the information provided will be treated as 'Confidential' and will only be passed to the necessary authorities if required.

**Riders to fill in pages 11-16, and sign on page 16. Please take document to our own GP to fill out and sign page 17-18. Then return all of Part C (P11-18) to The Friendlies Tour.**

Please complete this form and return it to The Friendlies Tour by February 28, 2020

Return to Leanne Smith at [lesmith@ulton.net](mailto:lesmith@ulton.net) or 62 Woondooma St, Bundaberg Central, 4670

| CONTACT DETAILS   |                |                 |
|---|----------------|-----------------|
| FULL NAME:  |                |                 |
| Preferred Name:   | Date of Birth: |                 |
| Place of Employment:  | Position:      |                 |
| Home Address:   |                |                 |
| Suburb:   | State:         | P/Code:         |
| Postal Address:   |                |                 |
| Suburb:   | State:         | P/Code:         |
| Home Phone:   |                | Work Phone:     |
| Mobile:   | Email:         |                 |
| Would you like your email address to be shared with other participants? |                | Yes          No |

| NEXT OF KIN - Person to be contacted in the event of an emergency. |             |
|--|-------------|
| Surname:   | Given Name: |
| Relationship (eg wife/father):                                     |             |
| Home Address:  |             |
| Suburb:  | P/Code:     |
| Home Phone:  | Work Phone: |
| Mobile Number:   | Email:      |

| PHYSICAL DETAILS  |                                  |
|---|----------------------------------|
| Sex:      Male / Female   | Age:                             |
| Weight (kg):  | Height (cm):                     |
| Shirt size:          S          M          L          XL          XXL                                 |                                  |
| Cigarette Smoking:          Never          Ex Smoker          Current Smoker          (please circle) |                                  |
| Ex Smoker - How long ago?:  | Current Smoker - Number per day: |

| HOW WOULD YOU RATE YOUR PERSONAL FITNESS? (Circle one only)         |      |               |         |               |      |           |          |
|---|------|---------------|---------|---------------|------|-----------|----------|
| Very Poor   | Poor | Below Average | Average | Above Average | Good | Excellent | Superior |
| 1.          In three lines, describe your current level of fitness: |      |               |         |               |      |           |          |
| _____   |      |               |         |               |      |           |          |
| _____   |      |               |         |               |      |           |          |
| _____   |      |               |         |               |      |           |          |

On Average how many sessions would you exercise weekly and for how long (please circle)?

- a) One          b) Two          c) Three          d) Four          e) Five          f) Six          g) Seven
- a) 15 mins          b) 30 mins          c) 45 mins          d) 60 mins          e) 60-90 mins          f) over 90 mins

What cardiovascular activity do you currently undertake? *eg. running, cycling etc.*

|  |
|--|
|  |
|  |
|  |
|  |

Do you currently use the following? If so, please provide details.

|                  |  |
|------------------|--|
| DOCTOR           |  |
| PHYSIOTHERAPIST  |  |
| PERSONAL TRAINER |  |
| OTHER EG.        |  |

**Do you currently have an injury or illness? Y / N**

Diagnosis / Description -

|  |
|--|
|  |
|  |
|  |
|  |
|  |

Current Treatment -

|  |
|--|
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|  |
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|  |
|  |

Investigations *ie. X-rays / scans*

|  |
|--|
|  |
|  |
|  |
|  |
|  |

Medication

|  |
|--|
|  |
|  |
|  |
|  |
|  |

Have you had any previous injuries or surgery?

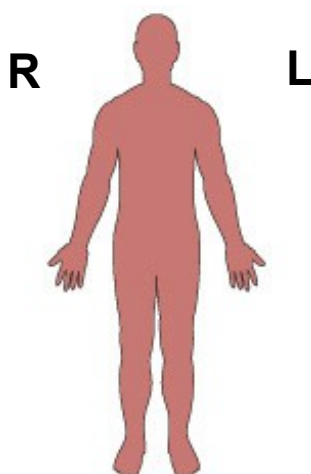
Date

Injury / Surgery

| Date | Injury / Surgery |
|------|------------------|
|      |                  |
|      |                  |
|      |                  |
|      |                  |
|      |                  |

| MEDICAL CONDITIONS  | PLEASE CIRCLE |    |
|---|---------------|----|
| <b>CARDIOVASCULAR</b>   |               |    |
| Do you develop any tightness, discomfort or pain in your chest or back when you do physical activity (work or exercise)?  | Yes           | No |
| Do you develop any tightness, discomfort or pain in your chest or back when you are not doing physical activity?  | Yes           | No |
| Do you ever experience palpitations (irregular heart beat)?   | Yes           | No |
| Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor, for example a heart murmur, high blood pressure, irregular heart beat or Marfans Syndrome? | Yes           | No |
| Is your doctor currently prescribing medication (e.g. water pills) for your blood pressure or heart condition?  | Yes           | No |
| Do you ever lose balance because of dizziness or do you ever lose consciousness?  | Yes           | No |
| Do you know of any reason why you should not do physical activity?  | Yes           | No |
| Have you ever experienced exertional shortness of breath or fatigue?  | Yes           | No |
| Have you ever suffered from poor circulation?   | Yes           | No |
| Have one or more relatives died prematurely (<50 years old), or experienced disability from heart disease?  | Yes           | No |
| <b>RESPIRATORY</b>  |               |    |
| Have you ever been diagnosed with any lung or breathing problem that requires continued treatment (eg Asthmas/Emphysema)?   | Yes           | No |
| Have you ever been prescribed oral steroids as part of a treatment protocol for Asthma? If so, it is compulsory to attach a treatment protocol from your Doctor to this document.   | Yes           | No |

| ORTHOPAEDIC/MUSCULOSKELETAL  |     |    |
|--|-----|----|
| Do you have a joint or bone problem that could be made worse by a change in your physical activity?                    | Yes | No |
| Have you ever had an operation on your hip, knee or back?  | Yes | No |
| Have you had any operation on a bone or joint in the last 5 years?   | Yes | No |
| Do you develop any pain in the following areas after exercise?   |     |    |
| Ankle  | Yes | No |
| Knee   | Yes | No |
| Hip  | Yes | No |
| Lower Back   | Yes | No |
| Neck   | Yes | No |
| Have you had back pain at any time in the last 2 years that has stopped you from doing your normal activities?         | Yes | No |
| Do you suffer from arthritis?  | Yes | No |
| Do you suffer from any other athletic injury?  | Yes | No |
| IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE, PLEASE PROVIDE DETAILS BELOW AND MARK THE INJURY ON THE ATTACHED FIGURE: |     |    |
|  |     |    |





Further comments please (e.g. right knee reconstruction 1997):

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| OTHER   | (Please circle) |    |
|---|-----------------|----|
| Do you ever have episodes of dizziness, fainting or collapse? | Yes             | No |
| Do you suffer from hernia?                                    | Yes             | No |
| Do you suffer from diabetes?                                  | Yes             | No |
| Do you suffer from ulcers?                                    | Yes             | No |

| Dietary Requirements  |     |    |
|---|-----|----|
| Special dietary requirements:   |     |    |
| Allergies   |     |    |
| Please list all known allergies:<br><br>Reaction:<br><br>Date of last reaction:<br><br>Treatment protocol:  |     |    |
| Have you ever suffered anaphylaxis?<br><br>If so, it is compulsory to provide us with a treatment protocol from your Doctor and bring two Epi Pens with you on your ride. | Yes | No |

I (insert full name)..... consent to the release of this medical information to the trip Medical Officer retained by The Friendlies Tour . I understand that this information will not be released to any other party without my prior consent. I consent to contacting my medical practitioner to discuss any relevant details.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

PRINT NAME SIGNATURE DATE



## Medical Certification

To be completed by medical practitioner:

| Client Details |              |                |
|----------------|--------------|----------------|
| Name:          |              | Date of Birth: |
| Weight (kg):   | Height (cm): | Sex: M / F     |

| Please list any relevant medical conditions |          |                   |
|---|----------|-------------------|
| CONDITION                                   | DURATION | CURRENT TREATMENT |
|   |          |                   |
|   |          |                   |
|   |          |                   |

| Please list all medications the client is taking on a regular basis<br>(including nutritional supplements and alternative medications) |                  |                 |                  |
|--|------------------|-----------------|------------------|
| Medication name  | Dose / Frequency | Medication name | Dose / Frequency |
|  |                  |                 |                  |
|  |                  |                 |                  |
|  |                  |                 |                  |
|  |                  |                 |                  |
|  |                  |                 |                  |

| Please list any known allergies (drugs / foods / environmental) |
|---|
|   |

|   |   |     |    |
|---|---|-----|----|
| Does the client have any of the following Cardiac Risk Factors? | Diabetes                                  | Yes | No |
|   | Hypertension                              | Yes | No |
|   | Smoking history                           | Yes | No |
|   | High cholesterol                          | Yes | No |
|   | Family history of heart disease           | Yes | No |
|   | Body mass index (kg/m <sup>2</sup> ) > 35 | Yes | No |

|  |   |
|--|---|
| Age less than 30 yrs   | 12 lead ECG interpretation  |
| Age between 30 and 40 years with NO cardiac risk factors   | 12 lead ECG interpretation  |
| Age greater than 40 yrs age<br>OR<br>between 30 and 40 years with least ONE cardiac risk factor: | Exercise stress test<br>OR<br>Myocardial perfusion scan<br>OR<br>Stress echo<br>(Please Circle) |

**Please enclose a copy of any abnormal investigations.**

I state that I have examined (insert client name) \_\_\_\_\_  
for the purposes of assessing their ability to take part in cycling from Bundaberg to Bundaberg.

I believe this person IS capable of completing the activity

I believe this person IS NOT capable of completing the activity

Details:

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|               |       |
|---------------|-------|
| Signature:    | Stamp |
| Name (PRINT): |       |
| Date:         |       |

**This certificate will not be accepted unless signed and stamped by the medical practitioner.**