



Retül Rider History Form

Rider Name: _____

Date of Birth: _____ Phone #: _____

Riding Style

Serious recreational cyclist, how long? _____

Competitive cyclist, how long? _____

• If so, what discipline / category _____

How many hours/miles per week do you ride? _____

How many days per week do you ride? _____

Cross training? (gym, swim, run, yoga, Pilates, etc.) _____

What are your fitness goals for this season?

Health and Fitness

Competition(s), Event name(s) & dates _____

Touring(s), Event name(s) & dates _____

Comfort / Injury Status

Do you have any complaints of pain and/or discomfort while riding? _____



WAIVER OF LIABILITY

In consideration of the opportunity afforded to me to enter the premises known as the San Diego Sports Medicine 4010 Sorrento Valley Blvd. Suite 300 San Diego CA 92121 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 Crucial Innovation, Inc., Retul, Retul, Inc., 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 "Retul"), 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 Retul bike fit, Retul bike fitting service, Retul bike fitting advice, Retul bike fitting activities or riding a bike involving any Retul bike fitting services or advice, or any other services, work or advice incidental or related to entry at the above-described premises or Retul 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 Retul), and services or advice incidental or related to Retul 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 Retul, 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.

Dated this _____ day of _____, 2011.

Signature: _____

Name (print): _____

Address (print): City, State, Zip: _____