



Bike Ed Program ROAD I COURSE REGISTRATION

Course length: Max 12 hours

Course Location: _____ Dates _____

Name _____

Street Address _____

City, State and Zip Code _____

Day Phone (____) _____ Home Phone (____) _____ E-mail _____

League of American Bicyclists Membership Number _____ Not a member ____

Occupation _____

Highest educational achievement and specialization _____

● What is the approximate longest distance you've ridden in one day during the past year? ____ miles

● Check the kinds of riding you do, or have done:

Local Recreational

Long Distance

Very Little

Commuting

Fitness Riding

None

● Please indicate the most important thing(s) you hope to derive from this course:

● Please indicate any physical or emotional conditions that might limit your participation in this course:

● RELEASE: SIGNATURE REQUIRED

HELMETS ARE REQUIRED TO SATISFY LIABILITY INSURANCE CONDITIONS.

I am aware of the risk of bicycling and otherwise participating in this event and voluntarily assume such risk. In consideration of being permitted to participate in this event: 1. I release for myself, my heirs, and personal representatives, the League of American Bicyclists, Inc., and the respective directors, officers, volunteers, and staff (Indemnitees) from any claim, liability, demand, action, and cause of action whatsoever (collectively, "Claim") arising out of or related to any loss, damage or injury (collectively, "Loss"), to myself or my property, that I may sustain in connection with, or arising out of, this event; 2. If registrant is a minor I (as parent or guardian) agree to indemnify and hold harmless each Indemnatee against any claim for any Loss said minor may sustain in connection with or arising out of, this event, and against legal or other expenses incurred by any indemnity in connection with defending any Claim by or on behalf of said minor for any such Loss; 3. I consent to emergency medical treatment if I am injured; 4. I shall obey traffic laws and practice safety in bicycling; and 5. I agree to wear a CPSC approved helmet on all bicycle riding activities at this event.

Signature _____ Date _____

Signature (Parent/guardian if under 18 years of age) _____ Date _____