



BikeEd Program Road I Course Registration

Course location: _____ **Date of course** _____
Name _____ **Phone** _____
Street address _____
City, State, Zip _____ **E-mail** _____
League of American Bicyclists member? Y or N **Membership number** _____

- What is the approximate longest distance you have ridden in one day during the past year? _____ mi.
- Check the kinds of riding you do, or have done:

<input type="checkbox"/> Local recreational	<input type="checkbox"/> Long distance	<input type="checkbox"/> Very little
<input type="checkbox"/> Commuting	<input type="checkbox"/> Fitness riding	<input type="checkbox"/> None
- What are the most important thing/s you hope to get from this course?

- Are there any physical or emotional conditions that might limit your participation in this course?

*** RELEASE (signature required)**

Helmets are required of all participants.

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 (Indemnities) 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 indemnity 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 (parent or guardian if under 18 years of age) _____ Date: _____

League Cycling Instructor Instructor # _____

*** For instructor use only: Please complete and return to the League of American Bicyclists office**

Rec'd booklet	Attendance	Written score	Road score	Cert. issued