

**BikeEd Program  
Road I Course Registration**

**Course Location** \_\_\_\_\_ **Date** \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

League of American Bicyclists Membership Number \_\_\_\_\_ Not a member \_\_\_\_

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

Commuting

Long Distance

Fitness Riding

Very Little

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cost of this class is \$65 which includes all instruction and materials. Please include a non-refundable registration fee of \$20.00 to mobility, 10648 Floral Park Dr, Austin, TX 78759**

**• RELEASE: Signature Required**

**HELMETS ARE REQUIRED.**

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 Indemnitee 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 or guardian signature if under 18 years of age)

Date