League of American Bicyclists

BikeEd GROUP RIDING

clinic registration

Clinic location:		Date of Clinic:	
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:

❑ Local recreational ❑ Long distance ❑ Very little ❑ Commuting ❑ Fitness riding ❑ None

What are the most important thing/s you hope to get from this clinic?

_____

_____

_____

_____

_____

_____

*** 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 (releasees) 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, whether caused by the negligence of the releasees or otherwise; (2) If registrant is a minor, I (as parent or guardian) agree to indemnify and hold harmless each releasee 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 releasee in connection with defending any Claim by or on behalf of said minor for any such loss, whether caused by the negligence of the releasees or otherwise; (3) I shall obey traffic laws and practice safety in bicycling; and (4) I agree to wear a CPSC-approved helmet on all bicycle-riding activities at this event.

Signature: **Date:**

(parent or guardian if under 18 years of age)

League Cycling Instructor: **Instructor #:**

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