



**BikeEd Program**  
**ROAD I COURSE REGISTRATION**

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

Name \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

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

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

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

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

**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 an ANSI or Snell approved helmet on all bicycle riding activities at this event.

Signature (Parent or guardian signature if under 18 years of age)

Date

League Cycling Instructor: \_\_\_\_\_ Instructor # \_\_\_\_\_

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**FOR INSTRUCTOR USE ONLY- Please fill out and return to League of American Bicyclists office.**

RECEIVED NOTEBOOK	ATTENDANCE			WRITTEN EXAM SCORE	ROAD TEST SCORE	CERTIFICATE ISSUED