



BikeEd Program
ROAD II 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 _____

Road I Certified - Date _____ Instructor Name _____

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

As a result of taking Road I, has your riding changed? Yes _____ No _____

If yes, how so? _____

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 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 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 # _____

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