



BikeEd Commuting

COURSE REGISTRATION

Course Location _____ Date _____

Name _____

Street Address _____

City, State and Zip Code _____

Day Phone (____) _____ Evening Phone (____) _____ E-mail _____

League of American Bicyclists Membership Number _____ Have you taken Road I? Yes No

• Are you currently a bicycle commuter? Yes No

If yes, how often do you bicycle commute? _____ days per week _____ months per year

How long is your commute? _____ mile one way

If no, have you ever commuted by bike? Yes _____ No _____

If yes, when did you last commute by bike? _____ month/year

• Do/did you ride in the rain? Yes _____ No _____

• Do/did you ride in the snow? Yes _____ No _____

• Do/did you ride at night? Yes _____ No _____

• Briefly describe the bike you most frequently use/used for commuting/utilitarian trips?

• 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. IF NIGHT RIDING IS REQUIRED AS PART OF THIS COURSE - COME PREPARED WITH THE LEGAL REQUIREMENT FOR THE STATE IN WHICH THE COURSE IS BEING GIVEN.

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

League Cycling Instructor Instructor # _____

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