LEAGUE OF AMERICAN BICYCLISTS
BikeEd Program
Instructor Certification
Seminar Application

Date and Location of Seminar _____

Name_____

Street Address _____

City, State and Zip Code _____

Day Phone (_____) _____ Evening Phone (_____) _____

Email _____ League Membership # _____

Current Age _____Highest education achievement and specialization_____

Occupation_____

- How many years have you been riding regularly? _____ years
- What is the approximate longest distance you've ridden in one day during the past year? _____ miles
- What was the date/location of your Road I certification?_____
- Circle the kinds of riding you do or have done:

Local Touring	Cross State Rides	Fitness Riding (4+ days/week)
NORBA Racing	Road or Track Racing	Fitness Riding (0-3 days/week)
Recreational	BMX Racing	Very Little
Commuting	Trials	None

- Briefly describe your bike _____
- Do you understand derailleur gearing systems and how they work? yes no
- Can you change a rear flat? yes no
- Can you maintain your own bicycle? yes no
- Please indicate the most important thing 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

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, Snell or CPSC approved helmet on all bicycle-riding activities at this event.

_____

Signature Date

Payment Information

LCI Certification Seminar: $200 ❑

League Membership: ❑ Regular $35/❑ Family $50 /❑ Advocate $60 /❑ Advocate Family $85 /❑ Silver Spoke $110
❑ Life Member $1000 ❑ I am a League Member (LCIs must maintain League membership)

Total Charge: _____
❑ Enclosed is a check payable to the League of American Bicyclists or
❑ Please charge my: ❑ Visa ❑ Master Card

Card Number: _____ Expiration (mo/yr): _____/_____

Name on card (please print): _____

Signature: _____ Phone: _____

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