BICYCLE EDUCATION CONNECTICUT 2010

NAME:	**COURSE REGISTRATION**
Address:	
City: State: Zip:	**INTRODUCTION TO BICYCLING: for SENIORS only 65+**
Home Phone: Cell Phone:	Sat. September 18 Rain date Sept. 25, 2010 9:00 to 2:00
Email address (s) so we can contact you with class details.	**Course Location: South Windsor, CT** 150 Nevers Rd Community Ctr. Rooms 205/207
Emergency contact; Name: Phone:	$40. Class Cost $30 (Bike Walk CT members)
What is the longest distance you have ridden in one day in the past year? _____ What kind of riding do you do? Check all that apply. ☐Local recreation ☐Long distance ☐Fitness riding ☐Gym spinning ☐Utility/commuting ☐Very little ☐None What skills would you like to gain from this course?_____ _____ _____ _____ Do you have physical or emotional conditions that might interfere with your participation?_____ _____	**PAYMENT_____** **PAYMENT** **Checks Payable To:** *BIKE WALK CONNECTICUT* **Mail** to: Beth Emery CRCOG 241 Main St. Hartford, CT 06106 **Please register at least a week in advance. Thanks!**

***RELEASE (signature required)** **<u>Helmets</u> 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 Capital Region Council of Governments, Bike Walk Connecticut, League of American Bicyclists and their 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, no matter what the cause; (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, no matter what the cause; (3) I shall obey all traffic laws and bicycling safety practices; (4) I agree to stop and seek assistance if I am not comfortable with the road conditions and or believe that it is not safe for me to continue to safely ride; (5) I will not wear or use or do anything that would pose a hazard to myself, or others, including using or ingesting any substance which could pose a hazard to myself or others; (6) I agree that if I do not act in accordance with this agreement I will be dismissed from participation; (7) I agree to wear a CPSC-approved helmet on all bicycle-riding activities at this event; and (8) I agree to allow photos taken of me in class to be used for bike education promotional purposes and in publication of Bike Walk Connecticut.

Signature: _____ Date: _____

(parent or guardian if under 18 years of age

FOR INSTRUCTOR USE ONLY: TO BE COMPLETED FOR STUDENTS INTERESTED IN TAKING THE LEAGUE CYCLING INSTRUCTOR COURSE.

INSTRUCTOR NAME_____ LCI #_____

THE TRAFFIC SKILLS 101 STUDENT:

RECEIVED BOOKLET ☐ COMPLETED CLASS ☐ WRITTEN SCORE _____ ROAD SCORE _____ LAB CERTIFICATE ISSUED ☐