



In signing this release, I acknowledge that I understand its intent. I understand that Bicycle U.S.A, the League of American Bicyclists, the Break-Away Bicycle Club and their officers, members and sponsors, the city, the county and state where this event is held, are not insurers of my personal safety before, during or after the event or any activities associated therewith. I thus release them and I agree to hold them harmless from any and all liability arising from my having sustained any property damage or personal injury by reason of my participation in this event. I recognize the difficulties of this event and attest that I have not been advised otherwise by a qualified medical person. I also hereby consent to and permit emergency medical treatment in the event of injury or illness. I shall abide by all traffic laws and regulations and practice courtesy and safety in cycling.

Circle One: **MON** **TUES** **WED** **THURS** **FRI** **SAT** **SUN** **DATE:** ____/____/____ **RIDE LEADER:** _____

Please sign-in below before ride. If you are a Club Member OR supplied contact info previously THIS SEASON, you do not have to sign your name or supply contact info again here, just check the appropriate box: Put down your mileage when you get back.

	PRINT NAME	DO WE HAVE YOUR CONTACT INFO?		SIGN NAME	CONTACT INFO	RIDE MILES
		CLUB MEMBER?	GAVE CONTACT INFO AT PREV. RIDE?		(Email or Phone)	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						