



# SmartCycling

## LEAGUE CYCLING INSTRUCTOR

# course registration

Name:	Phone:	
Instructor course location/date:	Traffic Skills 101 Certification date/location:	
Street address:		
City:	State:	Zip:
E-mail:	League membership number:	
Highest degree & specialization:	Occupation:	
How many years have you been riding regularly? _____	Age or Birthdate:	
Can you adjust your derailleurs?    Yes    No	Have you changed a rear flat?    Yes    No	
Have you changed a cable and housing assembly?    Yes    No		

What is the approximate longest distance you have ridden in one day during the past year? \_\_\_\_\_ mi.

Check the kinds of riding you do, or have done: ☐ Local/recreational    ☐ Mountain biking    ☐ Long distance  
☐ Commuting    ☐ Fitness riding    ☐ Racing    ☐ Very little    ☐ None

Briefly describe your bike: \_\_\_\_\_

What is the most important reason you are taking this course?

Do you have any physical or emotional conditions that might limit your participation in this course?

### \* RELEASE (signature required)

### *Helmets 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 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 consent to emergency medical treatment if I am injured; (4) I shall obey traffic laws and practice safety in bicycling; and (4) I agree to wear a helmet on all bicycle-riding activities at this event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PAYMENT INFORMATION

**Cost of seminar ☐ \$300**

**This fee is non-refundable: if you can't attend or it's postponed, you may take a future seminar. The fee will be payment in full for an alternate seminar.**

To take this course, you must be a League member. If you are not yet a member, join now!    ☐ \$40 Individual  
☐ \$60 Family    ☐ \$70 Advocate    ☐ \$90 Advocate Family    ☐ \$120 Silver Spoke    ☐ \$1,200 Life    ☐ \$1,750 Family Life

**Total charge:** \_\_\_\_\_

☐ Enclosed is a check payable to the League    (or)    Charge my:    ☐ Visa    ☐ MasterCard    ☐ American Express

Card Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card (print, please): \_\_\_\_\_ Signature: \_\_\_\_\_