



BikeEd Program/ Urban Cycling Program

COURSE REGISTRATION 2010

MAIL TO: CASCADE BICYCLE CLUB EDUCATION FOUNDATION
PO Box 15165, SEATTLE, WA 98115
FAX TO: 206.522.2407, PHONE: 206.522.3222

Today's Date _____
Course Title(s) _____ Course Date(s) _____

Last Name _____ First Name _____ MI _____ Date of Birth _____ M/F

Email _____ Home Phone _____ Work Phone _____

Street Address _____ City, State, Zip _____

Emergency Contact Name and Phone Number _____

To promote cycling we occasionally share names with other organizations. May we share your name? **YES NO**

League of American Bicyclists' Membership Number _____ Not a member _____

Cascade Bicycle Club Membership Number _____ Not a member _____

Cascade Membership forms and registration available online at <http://www.cascade.org/About/Membership.cfm>

- What is the approximate longest distance you've ridden in one day during the past year? _____ miles
- Circle the kinds of riding you do, or have done: recreational, commuting, long distance, fitness riding, very little, none
- Please indicate the most important thing(s) you hope to derive from this course.

CLASS	FEES	DATE	LATE FEE*	DISCOUNTS**	TOTAL
Bicycle Maintenance: Fix a Flat	\$40				
Bicycle Maintenance: Chains, Derailleurs	\$40				
Bicycle Maintenance: Brakes, Wheels, and Tires	\$40				
Urban Cycling Techniques	\$80				
Riding with Confidence	\$75				
Urban Riders (ages 11-17)	\$50				
Intro Bicycle Commuting	\$35				
Special Class/Other					

Visa/MC # _____ Exp date _____ Cardholder Name _____

Cardholder signature _____

*add \$5 if registration is late (i.e. postmarked or dropped off within 10 days of class date); **\$5 discount if Cascade member.

CLASS SIZE: min. 5 and max. 8(maint.)/12(UCT). **CLASS REQUIREMENTS:** Bring a multi-speed bike in good working order for riding classes, and wear a CPSC, ANSI, SNELL, or ASTM-certified helmet. See each class listing for specifics. **REFUND POLICY:** No refunds if you cancel or for a no-show, unless class is cancelled due to lack of enrollment. Registration may be transferred to someone else or to another date within the calendar year.

RELEASE: SIGNATURE OF ALL PARTICIPANTS REQUIRED BELOW

HELMETS ARE REQUIRED.

I am aware of the risk of bicycling and otherwise participating in this event and voluntarily assume such risk for myself or my minor child. In consideration of being permitted to participate in this event: 1. I release for myself, my heirs, and personal representatives, the Cascade Bicycle Club and Cascade Bicycle Club Education Foundation, 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 Indemnatee 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, or for my minor child if he or she is injured; 4. I shall obey traffic laws and practice safety in bicycling; and Cascade Bicycle Club reserves the right to remove anyone who is endangering him or herself or not riding legally as defined by Washington law; 5. I agree to wear a CPSC or ANSI/ASTM/SNELL-approved helmet on all bicycle-riding activities at this event. 6. I give permission for Cascade Bicycle Club to use my image in future club materials should it appear in photos taken during this event.

Signature _____ Date _____ (parent or guardian must sign if child under 18)