

WPW BICYCLE CLUB P O BOX 99684 PITTSBURGH PA 15233	Quadrant/Region/Topic [CHECK AS MANY BOXES AS APPLIES!] QUADRANT: <input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> SE <input type="checkbox"/> CITY OF PGH <input type="checkbox"/> BREVETS <input type="checkbox"/> SOCIAL EVENTS <input type="checkbox"/> DD SCOUTING RIDES <input type="checkbox"/> MONTHLY CENTURIES <input type="checkbox"/> WOMEN'S RIDE GROUP <input type="checkbox"/> OTHER	
DATE: ____ / ____ / ____	TIME: ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM	RIDE CLASSIFICATION AND/OR RIDE TAGS: <i>(example: Speed Terrain Mileage)</i>
RIDE NAME: _____		RIDE LEADER: _____

Weather Conditions: _____

BEFORE YOU SIGN-UP FOR THIS RIDE, **PLEASE READ THIS RELEASE:** **IN SIGNING THIS RELEASE, I ACKNOWLEDGE** that BICYCLING ON PUBLIC ROADS IS A HAZARDOUS ACTIVITY WITH RISKS OF INJURY, and that **I VOLUNTARILY ASSUME THE RISKS, I UNDERSTAND** that the Western Pennsylvania Wheelmen, Ltd., its ride leaders and other members, WELCOME MY PARTICIPATION ON THIS RIDE, BUT ARE NOT RESPONSIBLE FOR MY SAFETY OR LIABLE FOR ANY INJURY THAT MIGHT RESULT. **AS PARENT OR GUARDIAN** OF A RIDER UNDER 18 YEARS OF AGE, **I AGREE TO INDEMNIFY AND HOLD HARMLESS** THE ABOVE MENTIONED PARTIES FROM ANY CLAIM FOR INJURY OR DAMAGES WHICH SAID MINOR MAY SUSTAIN. **I WILL OBEY TRAFFIC LAWS** and ride carefully to ensure my own safety as well as the safety of those with whom I share the road. **I HEREBY CONSENT TO AND PERMIT EMERGENCY MEDICAL TREATMENT IF I AM INJURED.**

	First & Last Name (PRINT)	First & Last Name (<i>SIGNATURE</i>)	<u>EMERGENCY</u> Phone #	WPW MEMBER ?	E-MAIL ADDRESS (WPW WILL NOT SELL, RENT, OR SHARE THIS INFO.) <i>(e-mail addresses, FOR MEMBERS, are already on file.)</i> Entering an e-mail address <i>is helpful</i> but is not required.
1			- - - -	<input type="checkbox"/> NO →→ <input type="checkbox"/> YES	
2			- - - -	<input type="checkbox"/> NO →→ <input type="checkbox"/> YES	
3			- - - -	<input type="checkbox"/> NO →→ <input type="checkbox"/> YES	
4			- - - -	<input type="checkbox"/> NO →→ <input type="checkbox"/> YES	
5			- - - -	<input type="checkbox"/> NO →→ <input type="checkbox"/> YES	
6			- - - -	<input type="checkbox"/> NO →→ <input type="checkbox"/> YES	
7			- - - -	<input type="checkbox"/> NO →→ <input type="checkbox"/> YES	
8			- - - -	<input type="checkbox"/> NO →→ <input type="checkbox"/> YES	
9			- - - -	<input type="checkbox"/> NO →→ <input type="checkbox"/> YES	
10			- - - -	<input type="checkbox"/> NO →→ <input type="checkbox"/> YES	