

WPW BICYCLE CLUB | P O BOX 99684
PITTSBURGH PA 15233

Quadrant/Region/Topic [CHECK AS MANY BOXES AS APPLIES!]

QUADRANT: NE NW SW SE | CITY OF PGH BREVETS SOCIAL EVENTS DD SCOUTING RIDES

MONTHLY CENTURIES WOMEN'S RIDE GROUP OTHER

WPW RIDE SIGN-UP SHEET-REV. 4/2009

DATE: ____ / ____ / ____

TIME: ____ : ____ AM PM

RIDE CLASSIFICATION AND/OR RIDE TAGS:

(example: Speed Terrain Mileage)

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.) (e-mail addresses, <u>FOR MEMBERS</u> , are already on file.) Entering an e-mail address is helpful 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	