



WPW RIDE SIGN-UP SHEET

REGION/TOPIC (Check all that apply) REGION: N S E W

CITY OF PGH RANDO/BREVETS SOCIAL DD SCOUTING CENTURIES Other Specify _____

DATE: 3/16/16 TIME: 9:00 AM PM RIDE CLASSIFICATION: (ex. C+/3/40) C,B/3/45
 RIDE NAME: North Pittsburgh Country Ride RIDE LEADER: Bob Vano WEATHER CONDITIONS: Sunny 85°

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 (SIGNATURE)	EMERGENCY Phone #	WPW MEMBER ?	E-MAIL ADDRESS (WPW WILL NOT SELL, RENT, OR SHARE THIS INFO.) (e-mail addresses, FOR MEMBERS, are already on file.) Entering an e-mail address is helpful but is not required.
1	Robert Vano		123-456-7890	<input type="checkbox"/> NO →→ <input checked="" type="checkbox"/> YES	
2	Sample Non-Member		456-789-0123	<input checked="" type="checkbox"/> NO →→ <input type="checkbox"/> YES	SampleNM@gmail.com
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	