

**Te-Moak Tribe of Western
Shoshone
Bike Traffic Skills Training
Registration Form**

Course Location: _____

Course Date: _____

Name of Parent: _____

Name of Youth: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Email: _____

Age of Youth: _____

Gender: **F or M**

How long has your child been riding a bike? _____ years

Check all the kinds of riding your child does:

bike to school

bike with parents

bike on neighborhood trails

bike right near house

just got bike

What are the most important thing/s your child hopes to learn from this course? _____

Are there any physical or emotional conditions that might limit your child's participation in this course? _____

PHOTO RELEASE: YES, photos may be taken of my child. NO photos may be taken of my child.

*** 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 shall obey traffic laws and practice safety in bicycling; and (4) I agree to wear a CPSC-approved helmet on all bicycle-riding activities at this event.

Parent's Signature: _____ **Date:** _____

(Parent or guardian if under 18 years of age)

League Cycling Instructor: _____ **Instructor #:** _____

*** For instructor use only: Please complete and return to the League of American Bicyclists office**

Rec'd booklet	Attendance	Written score	Road score	Cert. issued
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