CHERRY CITY CYCLISTS RIDE SIGN UP SHEET AND WAIVER

DATE:_____ RIDE:_____ MILEAGE/ No. of RIDERS:_____

RIDE LEADER:_____ CO-LEADER:_____

MEMBERS:

NAME	Club Colors?	EMER. PHONE	CELL PHONE	NAME	Club Colors?	EMER. PHONE	CELL PHONE
1				9			
2				10			
3				11			
4				12			
5				13			
6				14			
7				15			
8				16			

Guests: To receive more information about Cherry City Cyclists, please include your full address including ZIP code.

In completing this form I hereby waive, release and discharge any and all claims for personal injury, death, property damage, misadventure or damage of any and all kinds which I, my heirs, representatives, successors, or assigns may have or which may hereafter accrue against Cherry City Bicycle Club, Inc., its officers and representatives, bicycle riders, and any other party or parties connected with this event in any manner whatsoever, even if such claims or damages may arise out of negligence on the part of any of them. As a bicyclist, I am aware that I have the same rights and responsibilities as though I were driving an automobile. I understand that Cherry City Bicycle Club, Inc. requires the use of bicycle helmets. If I do not obey the rules of the road as specified by the California Vehicle Code, I may be cited. Some of these rules include stopping at all stop signs, signaling turns, and getting off the roadway when stopping to rest or take care of emergency repair.

GUEST NAME	MAILING ADDRESS	EMAIL ADDRESS	EMERGENCY & CELL PHONE
1			
2			
3			
4			
5			

Send completed ride info to Steve Yoder. email: steve@zlcsoftware.com