

CAPITAL BICYCLE CLUB
PO BOX 642
OLYMPIA, WA 98507



NAME OF RIDE _____
 DATE/START TIME _____
 START LOCATION _____
 PACE / DISTANCE _____

RIDE LEADER _____
 PHONE _____
 WEATHER/TEMP. _____
 TERRAIN _____

Capital Bicycle Club Waiver - APPROVED HELMET REQUIRED!

In consideration of the Capital Bicycle Club accepting my registration, I (or the parent or guardian; if the entrant is under 18 years old) hereby waive and release any and all rights and claims for damages resulting from sickness, accident and or any injury that may occur during and/or after participation in bicycle ride. This waiver includes any rights and claims on my part against the Capital Bicycle Club, its officers, ride leaders and any sponsors. I also agree to accept all rules, regulations and policies by Capital Bicycle Club; and to obey all applicable traffic laws while participating in Capital Bicycle Club

Participants : ALL AGREE TO THE ABOVE RELEASE

NAME (please print)	Member Y/N	Emergency Phone #	SIGNATURE (parent or guardian if rider is under 18)
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____
6 _____	_____	_____	_____
7 _____	_____	_____	_____
8 _____	_____	_____	_____
9 _____	_____	_____	_____
10 _____	_____	_____	_____
11 _____	_____	_____	_____
12 _____	_____	_____	_____
13 _____	_____	_____	_____
14 _____	_____	_____	_____
15 _____	_____	_____	_____
16 _____	_____	_____	_____
17 _____	_____	_____	_____
18 _____	_____	_____	_____
19 _____	_____	_____	_____
20 _____	_____	_____	_____