

Pace (mph)

Tidewater Bicycle Association Ride Roster

Leader:	Start Time:	Start Location	Distance (Road Rides): Hours (ATB Rides):
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Important - All Riders: The purpose of the TBA Ride Roster is to not only gather a Rider list and TBA status but also to assist us in the event you have an incapacitating injury. We need the following information to assist you and protect your property. Please **Clearly Print** your name and fill in the requested information. Riders under the age of 18 years must be accompanied by a responsible adult.

Welcome Guest Riders! We require that you read and sign to acknowledge the Assumption of Risk statement

Assumption of Risk: I acknowledge and realize that there are certain inherent dangers in the sport of bicycling, including but not limited to: vehicular traffic, road surface conditions, and unleashed dogs. I assume these and other risks with the full understanding that serious injuries or even death may result from participation in this TBA sponsored event. I certify that my bicycle is in good working order with two working brakes and lighting & reflectors if needed for the event. I also certify that I am in good physical condition and that I am healthy enough to take part in this event. I agree to wear a securely fastened helmet whenever I am mounted on my bicycle that meets either the US DOT helmet standards or one of the following standards: ANSI Z90.4, SNELL Memorial Foundation Standard "B" or "N" series, ASTM standard F-1447, CAN/CSA-D113.2-M, the CPSC standard, or the European CE standard (EN1078). I further agree to obey the traffic laws at all times and not to wear ear phones while riding. I have read this assumption of risk, I fully understand it, and I agree to its terms.

Name	Jersey Description	Vehicle License Plate	Emergency Contact (Name/Phone)	Email Address	Signature
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2.					
3.					
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12.					