



CyclingSavvy Pennsylvania

Select Your Package (pick one)

- All 3 Sessions (\$75 -- a \$15 savings!) 2 Sessions (\$60) 1 Session (\$30)

Select Your Sessions (pick one from each category)

You must take the classroom and bike handling sessions before taking the Tour on-road sessions. Have you already paid for a 3-session package and need to complete courses? Select your sessions below. In the comment box, note that you already bought a package.

Truth & Techniques (Classroom)

- Friday, Oct. 9, 2015 • 6-9 PM

Truth & Techniques (Classroom)

- Friday, Oct. 16, 2015 • 6-9 PM

Train Your Bike (Bike Handling)

- Saturday, Oct. 10, 2015 • 10 AM-1 PM

Train Your Bike (Bike Handling)

- Saturday, Oct. 17, 2015 • 10 AM-1 PM

Tour of Beaver (On-road)

- Sunday, Oct. 11, 2015 • 1-4:30 PM

Tour of Sewickley (On-road)

- Sunday, Oct. 18, 2015 • 1-4:30 PM

Name: First Last

Email: Phone: - -

Address: Street

City State Zip

Comments:

CANCELLATION POLICY

We understand that cancellations or schedule changes are sometimes inevitable. The following policies are necessary to ensure we stay in business for the next time you join us. Cancellations submitted seven or more days prior to the course date would be charged a \$15 cancellation fee. No-shows and cancellations submitted less than 7 days prior notice to the course date would forfeit the entire course fee. Rescheduling for another course submitted 7 or more days' notice prior to course date will not be charged a rescheduling fee. Rescheduling for another course submitted less than 7 days prior to the course date will incur a rescheduling fee of \$10 per course session, or \$25 for the entire three-session course. To cancel or reschedule you must contact your instructor via email or phone/voicemail. Your instructor will confirm your change in the same manner. Tuition for cancellations resulting from weather or other factors outside of CyclingSavvy's control will be credited toward a future course.

- I agree

RELEASE OF LIABILITY

Helmets are required of all participants for on-bike sessions (Train Your Bike and Tour)

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 American Bicycling Education Association, the Ohio River Trail Council, 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.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK MANAGEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Signature _____
Date Signed

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Parent/Guardian Signature _____
Date Signed

Emergency Phone Number: - -