

SACRAMENTO WHEELMEN RIDE ROSTER

Name of Ride: _____ Start City: _____

Date: _____ Time: _____ Start Location: _____

Ride Leader: _____ Co-Ride Leader: _____

Long Ride Miles: _____ Feet: _____
 Medium Ride Miles: _____ Feet: _____
 Short Ride Miles: _____ Feet: _____

HELMETS ARE MANDATORY ON ALL WHEELMEN RIDES

Waiver: IN SIGNING THIS FORM I HEREBY MAKE IT KNOWN TO WHOMEVER IT MAY CONCERN THAT I HOLD BLAMELESS IN CASE OF ACCIDENT, INJURY, MISADVENTURE OR DAMAGE OF ANY KIND AND ALL KINDS, THE SACRAMENTO WHEELMEN, OTHER BICYCLE RIDERS AND ANY PARTY OR PARTIES CONNECTED WITH THIS EVENT IN ANY MANNER WHATSOEVER. I RECOGNIZE MY PERSONAL RESPONSIBILITY TO OBEY ALL TRAFFIC LAWS AND TO CONDUCT MYSELF IN A MANNER THAT WILL REFLECT FAVORABLY ON ORGANIZED BICYCLING.

I FURTHER REALIZE THE TRANSMISSION OF COMMUNICABLE DISEASES, INCLUDING COVID AND RELATED DISEASES MAY BE TRANSMITTED FROM RIDER TO RIDER. I AGREE TO TAKE APPROPRIATE PRECAUTIONS AS INDICATED BY LAWFUL AUTHORITY AND RELEASE FROM LIABILITY WITHOUT FAULT ALL PERSONS OR ENTITIES IN THE EVENT OF DISEASE TRANSMISSION.

No.	Printed Name	Initial In	Actual Miles	Route S/M/L	Member ✓	Tandem ✓	Phone No.	Initial out
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No.	<u>Printed Name</u>	Initial In	Actual Miles	Route S/M/L	Member ✓	Tandem ✓	Phone No.	Initial out
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