



ADULT BICYCLING SAFETY CLASSES

Learn about selecting and maintaining your bike, riding safely and comfortably in traffic, avoiding hazardous situations, and asserting your rights as a cyclist. These bicycle safety classes follow the Traffic Skills 101 curriculum developed by the League of American Bicyclists. Minimum age: 16 years (students 13 years or older are welcome if accompanied by parent). All sessions will be held at Bloomington City Hall.

Participants who attend all three sessions will receive a Traffic Skills 101 certificate from the League of American Bicyclists, along with a free course booklet, and front and rear bike lights (\$30 value).

SESSION 1	SESSION 2	SESSION 3
<p><u>BICYCLE BASICS</u> JULY 22, 2010 6-9PM COST = \$10*</p> <ul style="list-style-type: none"> ▪ Bicycle selection ▪ Parts of the bike ▪ Basic bike maintenance ▪ Clothing & Accessories ▪ Hydration & Nutrition ▪ Bicycle Handling Basics 	<p><u>HAZARD AVOIDANCE</u> JULY 29, 2010 6-9PM COST = \$10*</p> <ul style="list-style-type: none"> ▪ Principles of traffic law ▪ Causes of crashes ▪ Hazard avoidance techniques and drills 	<p><u>RIDING IN TRAFFIC</u> AUGUST 5, 2010 6-9PM COST = \$10*</p> <ul style="list-style-type: none"> ▪ Bicyclists' rights & responsibilities ▪ Lane positioning on the road ▪ Riding on trails ▪ Group Riding Basics ▪ Group ride

*Attend all three sessions for the price of two (\$20).

REGISTRATION

Please complete the following fields and the back side of this form and remit with payment to the City of Bloomington Planning Dept. at the address listed below. Registration should be received 1 week prior to the session you will attend.

I will attend: Session 1 _____ Session 2 _____ Session 3 _____

Total Registration Cost = \$ _____ (\$10 each or \$20 for all three sessions)

Credit card and cash payments accepted at the Bloomington Planning Dept. Make checks payable to the City of Bloomington.

City of Bloomington Planning Department
 401 N. Morton St. Suite 160, PO Box 100; Bloomington, IN 47402
 Email: hessr@bloomington.in.gov / Phone: (812)349-3530 / Fax: (812)349-3535



SmartCycling

TRAFFIC SKILLS 101

course
registration

Course location:

Course Date:

Name:

Phone:

Street address:

City:

State:

Zip:

E-mail:

League of American Bicyclists member? Y or N

Membership number:

What is the approximate longest distance you have ridden in one day during the past year? _____ mi.

Check the kinds of riding you do, or have done:

Local recreational Long distance Very little Commuting Fitness riding None

What are the most important thing/s you hope to get from this course?

Are there any physical or emotional conditions that might limit your participation in this course?

*** RELEASE (signature required)**

Helmets are required of all participants.

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 League of American Bicyclists, Inc., 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.

Signature:

Date:

(parent or guardian if under 18 years of age)

League Cycling Instructor:

Instructor #:

*** For instructor use only: Please complete and return to the League of American Bicyclists office**

Rec'd booklet	Attendance	Written score	Road score	Cert. issued