



# ADULT BICYCLING SAFETY CLASS

*Sunday, June 24<sup>th</sup>*

*10 AM to 4 PM*

*Bloomington City Hall (401 N. Morton St)*

*Learn to ride a bike safely and effectively in on city streets and trails! This course is perfect for all adult cyclists who wish to fully understand their rights and responsibilities as cyclists. Students will receive hands-on, experiential learning in both indoor and outdoor environments, and bicycling resources from the League of American Bicyclists, Bicycle Indiana, and the City of Bloomington.*

## **TOPICS:**

- Your legal rights & responsibilities as a bicycle driver.
- Safe practices for roadway lane positioning
- Bike lanes & other bike facilities and how to ride when there are none
- How to traverse intersections
- Hazard Avoidance Drills
- How to outfit yourself and your bike for convenient utility, transportation, and high visibility

## **EQUIPMENT REQUIRED:**

Participants will need to come to the course with their bikes and a helmet (tire levers & air pump are optional).

## **ONLINE COMPONENT:**

The course includes two components - an online course and an on-road instruction session, for a total of 9 hours. **Participants must complete the online course at [www.bikeed.org](http://www.bikeed.org), estimated to take about 4 hours, prior to coming to the on-road instruction session.**

## **REGISTRATION:**

Please complete the back side of this form and remit with payment to the City of Bloomington Planning Dept. at the address listed below. **Total Registration Cost = \$20 (FREE for City employees)**

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: [caristov@bloomington.in.gov](mailto:caristov@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
---------------	------------	---------------	------------	--------------