LEARN HOW TO DRIVE YOUR BICYCLE!

Traffic Skills 101/Road I

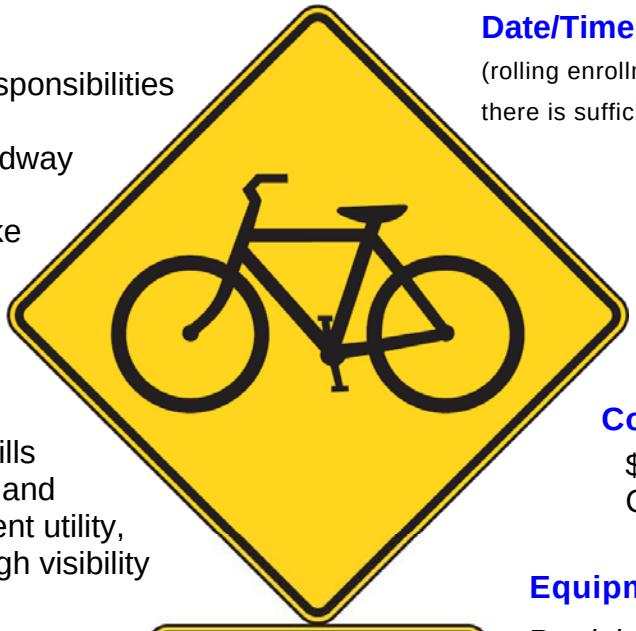
Cyclists of all skill levels can enjoy cycling more when one knows how to operate a bike safely and effectively in traffic. Topics to be covered in the Smart Cycling Course include strategies for how bicyclists can be predictable, courteous, assertive, visible, and alert. This course will follow the curriculum provided by the League of American Bicyclists. The Smart Cycling Course has limited availability determined on a first-come, first served basis so register early! *(Note: Minimum age is 16; ages 13-15 accepted if accompanied by parent)*

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

Students Will Receive:

- Hands-on, experiential learning in both indoor and outdoor environments (participants are encouraged to dress accordingly)
- A League of American Bicyclists Traffic Skills 101 student manual and other bicycle resources
- A light breakfast



Date/Time: To be determined (9hrs)

(rolling enrollment: class will be scheduled when there is sufficient interest)

Location:

Bloomington City Hall
401 N. Morton Street
Bloomington, IN 47404

Cost:

$20 made payable to the City of Bloomington

Equipment Required:

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

Questions?

If you have additional questions, please contact Raymond Hess at: Phone: (812)349-3530 or email: hessr@bloomington.in.gov.

----------Registration Instructions----------

Complete the registration form on the back of this flyer and remit with payment to the City of Bloomington Planning Department [cash, check, or credit card accepted (credit cards must be processed in person in the Planning Department)]. Registration and payment must be received before a class will be scheduled. Send to:

City of Bloomington Planning Dept
401 N. Morton St. Suite 160
PO Box 100
Bloomington, IN 47402

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