MURFREESBORO BICYCLE CLUB RIDE ROSTER

DATE _____

Ride Leader _____ Start Location _____

Ride Name _____ Main Route Mileage _____ Optional Route Mileage _____

				✔	✔
PRINT FULL NAME	**SIGNATURE**	**AGE**	**PHONE #**	**Main Route**	**Option. Route**

PLEASE READ: RELEASE OF LIABILITY: In consideration of my participation in this event, I agree not to hold the Murfreesboro Bicycle Club nor any of its members or organizers, liable for any injury or damage, however caused. I also agree to abide by all applicable vehicle laws, principals of safe bicycling and **MANDATORY HELMET USE.** Riders under the age of 18 years must be accompanied by a parent or guardian or have the parent sign this release.