

SIERRA FOOTHILLS CYCLING CLUB RIDE ROSTER

Name of Ride: _____ Start City: _____

Date: _____ Time: _____ Start Address/Location: _____

Ride Leader: _____ Ride Miles: _____ Climbing Feet: _____

Ride pace: Casual ___ Moderate ___ Training ___ Off-road ___

HELMETS ARE MANDATORY ON ALL 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, SIERRA FOOTHILLS CYCLING CLUB (SFCC), SFCC RIDERS, AND ANY PARTY OR PARTIES CONNECTED WITH THIS EVENT IN ANY MANNER WHATSOEVER.

I AGREE TO FOLLOW THE RULES OF THE ROAD, RIDE IN A SAFE MANNER, AND SIGN OUT AT THE END OF THE RIDE OR NOTIFY THE RIDE LEADER (RL) OTHERWISE.

No.	Name (please print)	M=member G=guest	Your Cell Phone Number	Road ID ?	Emergency Contact Number	Initial Out
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

No.	Name (please print)	M=member G=guest	Your Cell Phone Number	Road ID ?	Emergency Contact Number	Initial Out
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						