

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 ___

Do not sign this roster if you do not have a helmet!
HELMETS ARE MANDATORY ON ALL RIDES
COVID-19 SAFETY RULES APPLY

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 AND ALL KINDS INCLUDING VIRAL INFECTIONS, BACTERIAL INFECTIONS, AND OTHER COMMUNICABLE DISEASES AND ILLNESSES, THE SIERRA FOOTHILLS CYCLING CLUB, BICYCLE RIDERS, AND ANY PARTY OR PARTIES CONNECTED WITH THIS EVENT IN ANY MANNER WHATSOEVER. I RECOGNIZE MY PERSONAL RESPONSIBILITY TO OBEY ALL TRAFFIC LAWS AND TO CONDUCT MYSELF IN A MANNER THAT WILL REFLECT FAVORABLY ON ORGANIZED BICYCLING.

I attest that I have had no Covid symptoms such as a high temperature, brain fog, cough, or loss of taste or smell in the last 24 hours.

No.	Name (please print)	M=member G=guest	Your Cell Phone Number	Road ID ?	Emergency Contact Number	Initial Out
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No.	Name (please print)	M=member G=guest	Your Cell Phone Number	Road ID ?	Emergency Contact Number	Initial Out
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