



Savvy Cyclist Class Application

Submit completed form to:

Fax 212 932 3206 • emiliac@bikenewyork.org
Bike New York, 891 Amsterdam Ave., New York, NY 10025

Name: _____ Phone: _____

Street: _____ Apt.: _____ City: _____ State: _____ ZIP: _____

E-mail: _____ Year of Birth: _____ Gender: M F

Emergency Contact Name and Phone: _____

Date of class for which you are registering: _____

How did you hear about the class? News article (where?) _____ Ad (where?) _____

Website (which one?) _____ Other (how?) _____

What are the most important things you wish to learn during the class? _____

Is there a specific event or goal that you're preparing for? If so, what? _____

How often do you bike? Almost daily Several times per week Several times per month

Several times per year Almost never

Check here if you are interested in League of American Bicyclists Cycling Instructor certification.

Deposit: To guarantee a place in the class, a refundable deposit of \$50 is required. Your payment will *not* be processed if you attend the class or cancel at least one week ahead of time.

Check enclosed payable to "Bike New York" OR MasterCard/VISA

Card # _____ Expiration Date _____

Savvy Cyclist Class Waiver: In consideration of your acceptance of my application for participation in the Bike New York Savvy Cyclist class, I the undersigned, for myself, my heirs, executors, Administrators, and assigns, waive and release any and all claims for damages, for death, personal injury or loss of property, I may have or which may accrue to me as a result of my participation in the Savvy Cyclist class. I, the undersigned, discharge and release Bike New York Inc., and all other sponsoring agencies, businesses and organizations, and their respective agents, boards, trustees, directors, officers, subsidiaries, affiliates, parent companies, commissions and any other involved municipalities, and employees and representatives of the foregoing, from all liability arising out of or connected in any way with my participation in this class, whether or not caused by the negligence of any of the above parties. I acknowledge that the Savvy Cyclist class contains risks, including the risks of falling, collision with other bicyclists, motor vehicles, or stationary objects, and the conditions of the road. My participation is voluntary and done at my own risk. I voluntarily assume all risks of loss, damage or injury that may be sustained while participating in this event. I attest that I am sufficiently trained for the completion of this class. I understand and agree that medical or other services rendered to me by or at the insistence of any of the above parties is not an admission of liability to provide or to continue to provide any such services, and is not a waiver by any of said parties of any right hereunder. I understand that serious accidents occasionally while bicycling in traffic, and that participants in this event may sustain mortal or serious injury as a consequence thereof. Nevertheless, I agree to assume these risks and to release and hold harmless all of the persons mentioned above who might otherwise be liable to me for damages. I attest that the equipment that I will use in this class is in good mechanical condition. I UNDERSTAND THAT BICYCLE HELMETS CAN PREVENT SERIOUS INJURY AND I AGREE TO WEAR ONE WHILE PARTICIPATING IN THIS class. I agree to abide by the rules of the class as established by the promoting organization and class instructor and to obey the directions of the officials. I hereby grant full permission to Bike New York, Inc. to use photographs, videotapes, motion pictures, or any other record of this class including my name, likeness, and voice for any legitimate purpose. I have read and understand everything written above, and I voluntarily sign this agreement.

Signature (or parent/guardian signature for persons aged 16-18)

Date