

# SACRAMENTO WHEELMEN RIDE ROSTER

Name of Ride: \_\_\_\_\_ Start City: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Start Location: \_\_\_\_\_

Ride Leader: \_\_\_\_\_ Co-Ride Leader: \_\_\_\_\_

Long Ride Miles: \_\_\_\_\_ Feet: \_\_\_\_\_  
 Medium Ride Miles: \_\_\_\_\_ Feet: \_\_\_\_\_  
 Short Ride Miles: \_\_\_\_\_ Feet: \_\_\_\_\_

## HELMETS ARE MANDATORY ON ALL WHEELMEN 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 AND ALL KINDS, THE SACRAMENTO WHEELMEN, OTHER 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 FURTHER REALIZE THE TRANSMISSION OF COMMUNICABLE DISEASES, INCLUDING COVID AND RELATED DISEASES MAY BE TRANSMITTED FROM RIDER TO RIDER. I AGREE TO TAKE APPROPRIATE PRECAUTIONS AS INDICATED BY LAWFUL AUTHORITY AND RELEASE FROM LIABILITY WITHOUT FAULT ALL PERSONS OR ENTITIES IN THE EVENT OF DISEASE TRANSMISSION.

No.	Printed Name	Initial In	Actual Miles	Route S/M/L	Member ✓	Tandem ✓	Phone No.	Initial out
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## SACRAMENTO WHEELMEN RIDE ROSTER

No.	<u>Printed Name</u>	Initial In	Actual Miles	Route S/M/L	Member ✓	Tandem ✓	Phone No.	Initial out
26								
27								
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