



# Princeton Free Wheelers Ride Roster

PO Box 1204 Princeton, NJ 08542-1204

Leader: \_\_\_\_\_ Leader Cell #: \_\_\_\_\_ Date: \_\_\_\_\_

Sweep: (if designated) \_\_\_\_\_

Ride Name: \_\_\_\_\_ Class: \_\_\_\_\_ Mileage: \_\_\_\_\_

**RELEASE AND AGREEMENT:** In consideration of my participation in this Princeton Free Wheelers, Inc. (PFW) sponsored ride, I, the under-signed, intending to be legally bound, do hereby for myself, my heirs, executors, administrators and assigns, waive, release and forever discharge any and all claims I may now or in the future have against the PFW, its officers, members, and sponsors, and any other persons connected with this ride for any liability for personal injury, illness, death, or property damage sustained by me resulting from my participation in this ride sponsored by the PFW, except to the extent that it is caused by gross negligence. In the event that such injury, illness, death or damage is caused by gross negligence, this release remains operative as to any released person or entity which was not grossly negligent.

1. I am in good health and expect to ride at the pace of any ride in which I participate, and I am sufficiently prepared and experienced prepared and experienced to undertake this ride
2. My bicycle equipment is in good working order, and has the proper safety equipment.
3. I will wear an ASTM, ANSI or Snell approved helmet while riding.
4. I will obey the motor vehicle and bicycle laws of the state(s) in which the ride occurs, and I will obey the following PFW ride practices during this ride:
  - **Be alert.**
  - **Know my limits.**
  - **Will not ride too close.**
  - **Signal my intentions.**
  - **Call out hazards,**
5. **If I ride ahead, I'm on my own. I will notify the ride leader should I decide to leave the ride.**
5. If injured or disabled on any ride, or if I cause any injury, loss or damage, I will promptly alert the ride leader.
6. I recognize the hazards inherent in the activity of Bicycling and I nevertheless undertake this voluntarily.
7. I understand that this Release is in addition to the agreement which I signed to join or renew my membership in the PFW, and that this agreement does not in any way limit or impair the waivers or releases contained in that agreement.
8. I will follow the directions of the ride leader.  
Riders under 18 years of age need to be accompanied by a responsible adult.

**\*\*EARBUDS/PHONES NOT ALLOWED ON RIDES\*\***

PRINT NAME	MEMBER?	SIGN NAME	CELL PHONE	EMERG PHONE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

**ATTENTION  
RIDE LEADERS**  
Submit Ridesheets directly to [pfwridesheets@gmail.com](mailto:pfwridesheets@gmail.com) or via snail mail to the address listed on the website. Sheets must arrive before January 31 of the subsequent year.

1. Make sure EVERY rider signs the roster and provides the information requested
  2. Make a note of which riders do not complete at least half the ride
  3. Before starting ride, read aloud the ride practices in bold type above.
  4. You may prohibit any individual from participating whose equipment or riding practices are unsafe or you otherwise determine is unable to finish the ride.
- NOTE: Completed Ride Sheets are to be submitted as soon as possible after a ride and in all cases within 30 days.  
Make Two-Sided Copies Only: Incident Report on Reverse*



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PRINT NAME	MEMBER?	SIGN NAME	CELL PHONE	EMERG PHONE
16.				
17.				
18.				
19.				
20.				

## RIDE LEADER'S REPORT OF INCIDENT

To be completed by the ride leader (or person in charge) after ANY incident involving injury, loss or damage, during a PFW sponsored event regardless of the apparent seriousness of the incident.

1. Date \_\_\_/\_\_\_/\_\_\_ Time \_\_\_\_\_ am/pm and Place of Incident \_\_\_\_\_

2. Name(s), addresses, telephone numbers and member status of person(s) involved in incident:  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Name(s), address(es) and telephone number(s) of witnesses:  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Write a brief description here and use an additional sheet if needed:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Name of person making report: \_\_\_\_\_.

Telephone numbers of person making report: \_\_\_ - \_\_\_ - \_\_\_\_\_ (work); \_\_\_ - \_\_\_ - \_\_\_\_\_ (home). Date of report: \_\_\_/\_\_\_/\_\_\_.

\*\*\*THIS REPORT IS TO BE SUBMITTED TO THE PFW RIDE CAPTAIN WITHIN 24 HOURS.\*\*\*

Form Revised 7/13/18