Rev 1/16

DAYTON CYCLING CLUB TOUR ROSTER

Miles	Date (MM-DD-YY)	Day of Week	Time	Class

Starting Point:_____**Destination:**_____

ALL RIDERS (INCLUDING GUESTS) MUST SIGN THIS ROSTER. To receive credit for mileage, this ride must be listed in the *Spoke'N'Link, Ohio Bicycle Events Calendar, or on DCC Web site.*

******By signing this roster, I hereby, for myself, my heirs, executors and administrators, release and forever discharge any and all rights and claims against the Dayton Cycling Club, its Tour Leaders and/or any persons connected with this event, individually or collectively, from liability for injury to persons or damage to property, and I further acknowledge that the Dayton Cycling Club, the Tour Leaders and/or any persons connected with this event have not made any representation concerning the safety of riding a bicycle on this route.

******Individuals under 18 years of age must have parental permission for participation. The DCC requires that you wear a helmet on club rides and suggests you do on any ride. **Note:** Guest riders are covered by the DCC Insurance only the first time they ride a DCC ride.

TOUR LEADERS:

1. Submit roster by the 5th of the month following the month of the ride.

   Submit roster to**: DCC Miles, c/o Bill Wilkes,725 N 10th St, Miamisburg, OH 45342-1855**
   Please indicate first time Class qualifiers and Class.
2. If rider Class Qualifies on this ride, enter Class letter (AA, A, B, C, or D) in column Q

Total Miles = Ride Miles + Bonus Miles (Same Day and to and from ride only)

Print Name	Signature	DCC#	Ride Miles	Bonus Miles	Total Miles	Q

Ride Leader: **DCC#** **Signature:**