



SMOKY MOUNTAIN
Wheelmen

SMW Ride Report

Ride Name: _____

Leader: _____ Leader: _____

Date: _____ Time: _____ Posted miles: _____

Ride Category: A B C NR No. of Participants: _____

Return this form to the Road Captains or Club Secretary by the next club meeting.

Certified and properly-fitting **CPSC, ANSI or Snell helmets must be worn** at all times during SMW rides.
 Personal listening devices (mp3 players, ipods, bluetooth, earbuds, headphones, etc.) **are not allowed on Smoky Mountain Wheelmen rides.**
 Cell phone use **is not allowed while riding.** Please find a safe place off the road to make/receive calls.
SMW MEMBERS: Please have your membership current and have signed your yearly waiver.
NON-MEMBERS: **Must sign** a non-member waiver at every ride. You have medical and liability insurance coverage **only on your very first ride** with SMW.
MEMBER BENEFITS: Medical and liability insurance on all **“Club”** designated Smoky Mountain Wheelmen rides.

#	Member	Non Member	Signature	Name & Cellphone (please print)	Car Tag	Emergency Contact & Number	Incident Accident*	Actual Mileage
1			I Have Signed my Waiver & Read the Above					
2			I Have Signed my Waiver & Read the Above					
3			I Have Signed my Waiver & Read the Above					
4			I Have Signed my Waiver & Read the Above					
5			I Have Signed my Waiver & Read the Above					
6			I Have Signed my Waiver & Read the Above					
7			I Have Signed my Waiver & Read the Above					
8			I Have Signed my Waiver & Read the Above					
9			I Have Signed my Waiver & Read the Above					
10			I Have Signed my Waiver & Read the Above					
11			I Have Signed my Waiver & Read the Above					
12			I Have Signed my Waiver & Read the Above					
13			I Have Signed my Waiver & Read the Above					
14			I Have Signed my Waiver & Read the Above					
15			I Have Signed my Waiver & Read the Above					

* Complete accident incident report and attached with report