# Helmet Program

*Check one:*

* ***My child will bring his/her helmet*** *to the Bike Safety Rodeo on May 7th, 2020.*
* ***My child needs a helmet****. A limited number SRTS helmets are available to borrow for the event.*

**Child Name: Parent Name:  
Phone: Email:**

# Liability/Activity Release Form

I am aware that cycling is a potentially dangerous activity, involving risk of injury. To fully insure my safety throughout the Bicycle Safety Rodeo Education course, I recognize and assume the following responsibilities:

* ***I agree to wear a helmet, and obey traffic rules and regulations at all times while operating a bicycle during this program.***
* ***I acknowledge I am in good physical condition, with no medical impairments that would prohibit involvement in this training program. I realize this training program will involve physical activity in an outdoor setting.***
* ***I realize this training program will include on-bicycle participation, including riding a bike safety course in the Cook County Community Center parking lot.***
* ***I grant permission to Sawtooth Mountain Clinic, MN Department of Health, SHIP Program, and Healthy Northland to photograph, video record or audio record me, and to use the images and sounds as part of or in connection with promotion of the bike safety rodeo and SHIP programs. I further waive any rights and release any claims or causes of action I may have to object to, prevent or seek damages for the release, publication or use of the images and sounds.***

By my signature below, I hereby recognize and assume all the risks associated with bicycling while participating in safety activities. I release the Grand Marais Safe Routes to School Committee, Sawtooth Mountain Clinic, Fireweed Bike Coop, ISD 166, Great Expectations School, Cook County Law Enforcement, US Border Patrol, Minnesota State Patrol, Cook County Public Health, State Health Improvement Program, Specialized Bikes, Cook County EMS and North Shore Hospital, City of Grand Marais, Cook County, Early Childhood Coalition, Cook County Senior Center, Cook County Local Energy Project, Superior Cycling Association, its employees, agents, representatives and volunteers from any and all obligations, liabilities, claims, demands, costs and expenses, including attorney’s fees, or demands of any kind and nature which may arise by or in connection with my participation in any Bicycle Safety Rodeo Education Program activity. The terms hereof serve as a release and assumption of risk for my heirs, estate, executor, administration, assignees, and for all members of my family.

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(Child’s Name - Print) (Parent or Guardian – Print Name)

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 (Parent or Guardian Signature) (Date) (Child’s age)

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(Emergency Contact) (Emergency Telephone No.)

**Do not return to the school. Student will need to bring their completed form to the Bike Rodeo.**