

2018 Bicycle Safety Rodeo Education Program

Form must be filled out completely and presented at the Rodeo in order for student to participate in the Bike Safety Rodeo. Adults are strongly encouraged to attend with young children.

Helmet Program

Check one:

- My child will bring his/her helmet to the Bike Safety Rodeo on May 24th, 2018.**
- My child needs a helmet.** Loaner helmets will be available at the Rodeo. Please provide your contact information below if your child needs a helmet.

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.***

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, Moving Matters project, 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.

(Child's Name - Print)

(Parent or Guardian – Print Name)

(Parent or Guardian Signature)

(Date)

(Emergency Contact)

(Emergency Telephone No.)

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