



Dear Parents/Guardian:

Your child has been given the opportunity to participate in the Bicycle Safety Education Program at \_\_\_\_\_ (school name).

The Program is an award-winning, comprehensive curriculum offered by the City of Portland Bureau of Transportation in partnership with The Street Trust (formerly the Bicycle Transportation Alliance) that will teach traffic safety through classroom activities and on-the-bike skills practice. Students will learn skills such as helmet use, hand signals, traffic signs, and maneuvering through intersections and out of driveways. The bicycle training will be presented on the school grounds and on surrounding community streets by Street Trust Ambassadors.

The Street Trust emphasizes safety in all of our programs in order to keep every child as safe as possible. Bicycle riding will occur both on the school grounds and on streets, therefore, all activities are potentially dangerous. Participants must agree to follow the rules set out in class, on school grounds, and on the rides in order to stay as safe as possible.

Bicycles and helmets are provided as part of this program.

The purpose of the Bicycle Safety Program is to teach safety and skills in an effort to reduce the risk of bicycle injuries. However all travel involves the chance of an accident that may result in serious injury or death. The Street Trust, The City of Portland, the school district, volunteers, participants, and family helpers cannot eliminate the chance that a participant may be injured in spite of taking every effort to be safe. Participating families must assume any and all risks and hazards associated with this program by signing a release and waiver of rights contained below in exchange for being allowed to participate.



I \_\_\_\_\_ (parent or guardian's name), give my consent for \_\_\_\_\_ (student's name) to participate in the Bicycle Safety Program.

I hereby release and hold harmless the The Street Trust and any of their agents, employees and volunteers, the City of Portland and any of their agents, employees and volunteers, the school district and any of their agents, employees or volunteers, and any other program participants from any and all liability or responsibility, causes of action, claims, demands, and damages of every kind, for negligence, gross negligence, strict liability, or any other kind of claim which may arise out of my participation in the Bicycle Safety Program. I agree that this release shall be binding on me and any legal representative, heirs, and assigns. I have read this release and am familiar with its contents.

Parent / Legal guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Additionally, photos/videos are taken during class to document and promote our award-winning program so in signing this release you are agreeing to allow your child to be photographed/video-recorded. No personal information will be published with photo/video; the photographer owns the copyright for photos/videos. Your signature waives any claims you may have based on any usage of photos/videos or works derived there from.

- Check here if you **DO NOT** agree to allow your child to be photographed/video-recorded during Bike Safety Education classes.
- Check here if your child **DOES NOT** know how to ride a bicycle.
- Check here if you are interested in volunteering for the program and include your contact information below:

Volunteer preferred contact \_\_\_\_\_ phone \_\_\_\_\_ email \_\_\_\_\_

Please sign this Release and return to your student's teacher by: \_\_\_\_\_ DATE