

BIKE HELMET AGREEMENT

PARENT/GUARDIAN NAME _____ DATE: _____

COUNTY YOU LIVE IN: _____ YOUR ZIPCODE _____

Check (✓) if you are enrolled or eligible for: _____ Medicaid or Medicaid Insurance _____ WIC _____ SNAP

Number of people who live in your household: _____

Annual Household Income: Less than \$24,999 25,000 – \$49,999 50,000 - 74,999 more than \$75,000

Child's Information

I, as parent or legal guardian and on behalf of the below-named children, accept and agree to the terms listed on this paper of this agreement.

CHILD #1 NAME* _____ AGE _____ BOY GIRL

Child's Ethnicity:

Black/African American Latino/Hispanic Asian/Pacific Islander Other
 Caucasian (non-Hispanic) Multi-Racial Native American

GRADE: _____ SCHOOL: _____

IS THIS YOUR CHILD'S FIRST HELMET? YES NO

Additional children can be placed on the back of this form

Waiver of Liability

I, as parent or legal guardian and on behalf of the named children on this form, accept and agree to use the Bike Helmet ('Helmet') provided to me for use by my child under the terms of this agreement. I understand that the Helmet is provided by Safe Kids Columbus, led by Piedmont Columbus Regional, and the Columbus Police Department as a public service and in the interest of safety. I further understand that the Helmet being provided meets the relevant federal standard for bicycle helmets and that it has been visually inspected and found to be in good condition.

This Helmet is not for sale nor am I paying any money or other means of valuable consideration for it. I understand that there is no "implied warranty of merchantability" nor is there a "warranty of fitness for a particular purpose" in the provision of the Helmet. I understand that even with proper instruction, fitting and use of a bicycle helmet, a bicycle rider, regardless of experience, can suffer serious and permanent injury, and possibly even death, in an accident.

As a condition precedent to my receipt of this Helmet, I agree that I will release and hold harmless, Safe Kids Columbus, Piedmont Columbus Regional, the "Safe Kids" volunteers, and its affiliated organization, directors, officers, employees, agents, contractors and its partners (individually and collectively, the "Released Parties") from and/or against any claim(s) or cause(s) of action arising out of any damage or injury in conjunction with the use of this helmet. In addition, I agree further that I will not permit anyone to act on my behalf personally or in my capacity as parent or legal guardian or on behalf of the above-named child, to bring any claim(s) or cause(s) of action against the Released Parties for any damages or injury occurring in conjunction with the use of this Helmet. If I transfer ownership of or allow a child other than the ones named on this form to use the Helmet, I agree to fully indemnify and hold harmless the Released Parties from any and all claims, causes of action, and related costs, including legal fees, that might arise from a claim or cause of action brought by or on behalf of any subsequent user of the helmet.

By signing the Agreement and receiving the Helmet, I attest that I have:

1. Been given a copy of the instructions and agree to use the helmet in accordance with the instructions
2. Received all straps, buckles, and other items necessary for proper use of this bike helmet.
3. Not paid for the helmet I received.

Signature of Receiver

Date

Signature of the Volunteer/Staff Member

Date

CHILD #2 NAME* _____ AGE _____ BOY GIRL

Child's Ethnicity:

- Black/African American Latino/Hispanic Asian/Pacific Islander Other
 Caucasian (non-Hispanic) Multi-Racial Native American

GRADE: _____ SCHOOL: _____

IS THIS YOUR CHILD'S FIRST HELMET? YES NO

CHILD #3 NAME* _____ AGE _____ BOY GIRL

Child's Ethnicity:

- Black/African American Latino/Hispanic Asian/Pacific Islander Other
 Caucasian (non-Hispanic) Multi-Racial Native American

GRADE: _____ SCHOOL: _____

IS THIS YOUR CHILD'S FIRST HELMET? YES NO

CHILD #4 NAME* _____ AGE _____ BOY GIRL

Child's Ethnicity:

- Black/African American Latino/Hispanic Asian/Pacific Islander Other
 Caucasian (non-Hispanic) Multi-Racial Native American

GRADE: _____ SCHOOL: _____

IS THIS YOUR CHILD'S FIRST HELMET? YES NO

CHILD #5 NAME* _____ AGE _____ BOY GIRL

Child's Ethnicity:

- Black/African American Latino/Hispanic Asian/Pacific Islander Other
 Caucasian (non-Hispanic) Multi-Racial Native American

GRADE: _____ SCHOOL: _____

IS THIS YOUR CHILD'S FIRST HELMET? YES NO