

**Safe Routes to Schools (SRTS) Parental Consent for participation in  
Bike Rodeos/Skills Classes/Trail Rides**

Dear Parent/s or Guardian,

Your child will have the opportunity to experience a hands-on bicycle safety clinic. They will develop skills for bike riding as a form of transportation and to gain confidence for daily riding.

Plan for:

- 1) **Helmets are required!** Please style your child's hair so the helmet can fit properly.
- 2) **Your child may bring their helmet, scooter or bike for best comfort and fit. Or you may choose to borrow equipment when completing the bottom of this form.**
- 3) Check that the bike is in working order, tires filled and working brakes.
- 4) Students should dress for bike riding - closed-toed shoes, no loose/baggy clothing.
- 5) Label your child's bike, so it's easy to identify.

What your child will learn:

- Introduction to reading road signs, and obeying traffic laws
- Helmet safety and fit check
- ABC Bike Check
- Practice bike handling skills and maneuvers on a course.
- Road and Trail Group riding strategies

I, as Parent/Guardian, understand and agree to the following:

- The SRTS Bike Rodeos/Skills Classes/Group Rides (Event) gives students the knowledge, skills, and practice for becoming a smart, safer bike rider.
- The Event is intended to reduce the risk of injury for children as they travel on a bicycle. However, there are risks associated with child bicyclists, including risk of injury due to motor vehicle crashes, a fall, overexertion or carelessness. I understand and agree that I am assuming these risks by participating in the Event.
- In consideration of my child or ward being allowed to participate in the Event, I hereby release from liability and agree to indemnify and hold harmless Iowa Northland Regional Council of Governments, Iowa Safe Routes to School Partnership, employees, volunteers, and agents from any claim or cause of action arising out of and related to any injury, loss, damages, or other liabilities that may occur as a result of my child's or ward's participation in the Event.
- I authorize any official, employee, agent or volunteer of the Event to consent to emergency medical treatment as necessary for the health and safety of my child or ward. I further agree that no official, employee, agent or volunteer will be held responsible for injuries or damage arising from the provision of any such emergency medical treatment.

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- I further grant permission for my child or ward to appear in person or in voice, in video or photographic presentation for radio, television, electronic or print media to promote participation in the Event.

**Participant Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Will they use their helmet?** ☐ **Yes** or ☐ **will borrow a helmet**

SRTS can provide free helmets for students (in need) to encourage safe riding habits at home.

☐ Check here if you would like your student to receive a new helmet for use at home.

**Will they use their bike?** ☐ **Yes** or ☐ **will borrow a bike**

I have read and understood the statements on this form, and I will allow my child to participate in the SRTS Event.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Optional School Travel Habits Survey: Name of School* \_\_\_\_\_

*How does your child typically travel **to** school?*

☐ *Bus* ☐ *Family Car* ☐ *Walk* ☐ *Bike* ☐ *Daycare shuttle /Carpool*

*How does your child typically travel **from** school?*

☐ *Bus* ☐ *Family Car* ☐ *Walk* ☐ *Bike* ☐ *Daycare shuttle /Carpool*

*Are there pick up or drop off related **traffic concerns** near your child's school?*

\_\_\_\_\_

*What is something that would **make biking or walking to school easier/safer** for your child?*

\_\_\_\_\_

*I am interested in learning more about SRTS programs or would like to start a neighborhood Walking School Bus group? Please send me more information by EMAIL:*

\_\_\_\_\_

*Other questions? Please contact camp sponsor or SRTS coordinator, Brenda Vavroch, bvavroch@inrcog.org, or 319-235-0311 for details.*