

*****PLEASE RETURN BY FRIDAY, MAY 5th, 2023*****



STORMONTH SCHOOL BICYCLE RODEO
Monday, May 8th, 2023

***PLEASE PROVIDE THE INFORMATION REQUESTED UNDER CHOICE "A" OR CHOICE "B"**

AND

SIGN AND DATE THE FORM WHERE INDICATED

***CHOICE "A"**

I give permission for _____ to participate in the Stormonth School Bicycle Rodeo to be held on the Stormonth School parking lot on Monday, May 8th, 2023. I understand that in order to participate, my child must wear his/her bicycle helmet and bring his/her bicycle in **good-working condition (with properly inflated tires)** to school. I understand that if weather prevents the rodeo from occurring on May 8th, 2023, a Bike Rodeo rain make-up day will occur on Monday, May 15th, 2023.

***CHOICE "B"**

My child cannot bring his/her bicycle to school. I would still like for him/her to participate in this activity. I give permission for _____ to share or use a bicycle which will be provided by the Fox Point Police Department. The same release of liability below applies to this permission to use the bicycle. I understand that my child still will need to wear his or her own bicycle helmet or will be required to wear a helmet provided at the rodeo.

Waiver of Liability

I understand there is always a chance of personal injury occurring in any activity of this type. I also understand that my child's enrollment or participation will or could subject my child to certain dangers or risks of personal injury. I have explained these risks to my child. These risks and dangers have been considered and relying on my own judgement, I have voluntarily chosen to allow my child to participate. I certify that my child is in suitable health and capacity which allows the child's enrollment and participation in the activity. I understand my child is expected, and my child has been instructed by me to follow all direction given by the activity supervisor(s). I will release and hold harmless from liability the following parties if personal injury occurs to my child resulting from participation in this activity or the rendering of emergency medical procedures or treatment, if any:

- 1) Village of Fox Point and Village of Bayside
- 2) Fox Point and Bayside Police Departments
- 3) Fox Point-Bayside School District
- 4) Fox Point-Bayside PTO

Parent/Guardian: _____ Date: _____

Student: _____ Teacher: _____