

Lakeview Elementary 2016 Bike 2 School Month Registration Form

For information about Bike to School Week/Month and bicycle safety resources visit Cascade's website at <http://www.cascade.org/bike-school> or contact our Bike to School Coordinator at lakptsabike2school@gmail.com.

Child's Name: _____ Grade: _____

Teacher's Name: _____ Parent's email: _____

By signing below I (Parent/Guardian) _____ give permission for my child to participate in Bike to School month and will provide the support necessary for him or her to bike safely to and from school whenever possible for our family.

Furthermore, I understand and agree that neither Cascade Bicycle Club, Cascade Bicycle Club Education Foundation, its officers or agents, nor the instructors(s), or other volunteers, may be held liable in any way for any occurrence or accident in connection with Bike to School month and I further agree to save and hold harmless Lakeview Elementary, the Cascade Bicycle Club, its officers and agents, and the instructor(s) from any claim by me, my family, estate, heirs or assigns arising out of my child's participation in Bike to School month.

**Please note that, in general, young children are not prepared to ride on the street alone. We strongly encourage elementary school children to ride to school with their parents or another adult who can help reinforce traffic safety principles and monitor their riding if they are not ready to ride on their own.*

Parent/Guardian Signature

Date

Please return this form to Lakeview Bike 2 School Team by Friday, April 29, 2016.