



# Bike Helmet & Safety

## Release and Waiver of Liability

Children's Hospital Medical Center of Akron, The Goodyear Tire & Rubber Company and The Goodyear Foundation (Collectively referred to as "the Charitable Donors") have provided a bicycle safety helmet ("helmet"), safety training, bike safety check and safety information to me.

In exchange for the helmet and other good and valuable consideration, I hereby:

1. Acknowledge that there is an inherent risk of injury when participating in any physical activity including bicycling. I fully understand that bicycling may involve risk of serious injury or death, property damage, and economic losses. I HEREBY ASSUME ALL SUCH RISKS both known and unknown arising from bicycling and the use of the helmet.
2. Acknowledge that use of a helmet does not guarantee a child's safety while bicycling.
3. **UNDERSTAND THAT THE CHARITABLE DONORS DO NOT MAKE ANY WARRANTY REGARDING THE HELMET. THE CHARITABLE DONORS DO NOT WARRANT THE QUALITY OR FITNESS OF THE HELMET AND EXPRESSLY DISAVOW ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.**
4. **RELEASE, INDEMNIFY, AND HOLD HARMLESS** the Charitable Donors, their employees and agents, from and against any and all losses, costs, claims, demands, cause of action, injury, damage and liability whatsoever, whether presently known or unknown and acknowledge that the Charitable Donors, their employees and agents are not responsible or liable in any way for any product defects in, or injuries resulting from the use of this helmet, safety training (potentially including a bike safety ride), bike safety check or safety information.
5. Understand I am responsible for fitting the helmet according to the manufacturer's instructions.

I HAVE READ THIS DOCUMENT, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN VOLUNTARILY.

- Bike Helmet
- Bike Safety Check
- Bike Safety Ride

I understand that this document is binding upon me and my heirs, children, wards, personal representatives and anyone else entitled to act on my behalf.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name and Age

\_\_\_\_\_  
Relationship to child:  Parent  Legal Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



GASP, Guardians Advocating Child Safety and Protection is in its 10<sup>th</sup> year serving the community to help provide a safer environment for our children by delivering safety programs to protect them from dangerous situations, se offenses, abuse and abduction. We believe that Education + Prevention = Child Protection

Our Fingerprint/ID events are provided free of charge for everyone throughout our community and beyond. We are now partnering with many local police and school systems at their Safety Town programs. GASP will provide the parent with an information sheet that they need to fill out with their child's pertinent information. All the information is then imputed into the computer. GASP volunteers then take 2 photos, a front view and a side view of their ear ( everyone's ears are different), digital fingerprints, and a short video where we ask their name, age, and a few other questions, so we can get their voice. All this information is then put on a disc. Once the disc is done, the parent and only the parent will have the disc and all the information. **WE DO NOT KEEP ANY INFORMATION, NOTHING IS SAVED!** Along with the disc, the parent will receive a bag with a DNA kit and other safety information and tips. We recommend the parent redo the disc every year since children grow, change, and may have new information.

The disc can be open on their home computer and they can watch the video. They can also print out part of the disc and make their own ID card.

Thank you very much for caring about our children's safety!

Sincerely,

GASP



Child's First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Nick Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Gender \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Eye Color \_\_\_\_\_

Hair Color \_\_\_\_\_

Glasses \_\_\_\_\_

Race \_\_\_\_\_

Date of Birth \_\_\_\_\_

Distinguishing Marks \_\_\_\_\_

Other Health Considerations \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

The CD you receive can be viewed on any computer containing a CD drive. The icons can be viewed. The video icon must be dragged to the desk top in order to view the video. The Preview Summary icon can be printed on your computer. Please bring your previously burned CD to any future fingerprinting event so we can update your child's information.

In the event your child is missing, give the completed CD to the responding police agency. Please keep the CD in a safe place! When traveling with your child, feel free to take the disc with you. If your child is traveling without you, you can e-mail the PDF form to the child's location, if needed.

PARENTAL CONSENT: \_\_\_\_\_