



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