

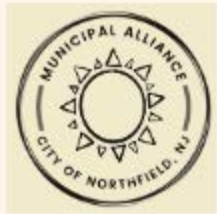


LIFE SKILLS THROUGH BIKE SKILLS



**SATURDAY
MAY 18TH
10:30AM**

**MEET MEMBERS OF OUR
LOCAL POLICE
DEPARTMENT**



**HELMET FITTINGS
BY CROSS COUNTY
CONNECTION**

**LIMITED FREE
HELMETS AND
GIVEAWAYS**

Click QR Code for
Registration form



**BIRCH GROVE PARK
BURTON AVENUE
NORTHFIELD**

**FOR MORE INFORMATION CONTACT
SCAMPBELL@CITYOFNORTHFIELD.ORG
609-641-2832x125**

Must pre-register for swag bag



BIKE SKILLS PERMISSION SLIP

Participant's Name _____

Date _____

- I voluntarily allow my child to participate in the Northfield Police Department Bike Skills program.
- I understand participation in the Bike Skills program involves riding a bicycle through various obstacles to increase riding skills and knowledge.
- My child will take all safety precautions recommended by the program's sponsors to try and avoid danger to themselves or others.
- My child will wear a helmet through the riding components of the Bike Skills program or will not be allowed to participate.
- Participants must pre-register to receive a "swag" bag.
- I have read this release.

To the fullest extent allowed by law, **Participant**, agrees to save, defend, indemnify, and hold harmless **The City of Northfield, Northfield Municipal Alliance, The Northfield Police Department** its elected and appointed officials, its employees, agents, volunteers and others working on behalf of the Municipality, from and against any and all claims, losses, costs, attorney's fees, damages, or injury including death and/or property loss, expense claims or demands arising out of or caused or alleged to have been caused in any manner for all claims, losses, expenses and damages, including but not limited to court costs and reasonable attorney fees, which may be asserted against **The City of Northfield, The Northfield Municipal Alliance, The Northfield Police Department** arising out of the negligence or the negligent acts of **Participant** while participating in the Bike Rodeo held by the Northfield Police Department.

Print Name of Guardian: _____ Phone: _____

Address: _____

Age of Participant: _____

Authorized Signature of the Guardian

For the City of Northfield

Witness

I give consent that all photos of my child and me may be used in local media, City of Northfield Police Department and City of Northfield, including printed or electronic information. In addition, all photos of my child may be used in local, state, and national publications. Please initial if your child may be photographed.

Email registration form to: scampbell@cityofnorthfield.org