

The Montgomery County Department of Health and Human Services Office of Public Health (OPH) Community Traffic Safety Program (CTSP) provides bike\* helmets free of charge to Norristown Area School District families who demonstrate a need and have a child who meets the measurement requirements of the helmet. Families receiving a helmet for their child are required to complete and sign this form for each child receiving a helmet.

**Bike Helmet Release Form**

I wish to obtain a bike helmet for my child from The OPH CTSP for school and home use.

By signing this form, I am certifying that the child receiving this helmet can be fitted by the OPH CTSP staff at my child’s school. I understand that the staff will measure my child’s head using a soft tape measure to properly select a size for my child’s helmet, and that my child will try on the helmet to confirm it fits properly. I understand that my child will receive their helmet in school following the fitting.

I understand that severe injury, including death, could occur if this helmet is used in a way other than specified by the manufacturer. I understand and agree that this helmet and education have been provided by the OPH CTSP as a public service in the interest of child safety. The federal government requires that manufacturers produce helmets that meet certain performance standards. However, the OPH cannot guarantee the compliance of the manufacturer with these requirements.

I, for myself, my child(ren), any person for whom I am a legal guardian, our heirs, successors and assigns, hereby waive, release and forever discharge the OPH and its officers, employees, medical staff, agents and affiliated companies, from any and all claims, liability, loss, damages and expenses arising directly or indirectly from, or in connection with, my participation, my child’s participation, or the participation of any person for whom I am a legal guardian, in the CTSP, including but not limited to any damages to any person resulting from the use of this helmet. Further, I will compensate the OPH and its officers, employees, medical staff, agents and affiliated companies in the event any claim is brought by or on behalf of any member of my family or by or on behalf of any person for whom I am a legal guardian, for any damages resulting from the use of this helmet.

**Printed name of Parent/Legal Guardian** \_\_\_\_\_

**Signature of Parent/Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Phone number of Parent/Legal Guardian** \_\_\_\_\_

**Email address of Parent/Legal Guardian** \_\_\_\_\_

**Postal/Zip Code** \_\_\_\_\_

**Name of Child** \_\_\_\_\_ **Age of Child** \_\_\_\_\_

*To be completed by the school:*  
Signature and agency of person distributing helmet \_\_\_\_\_

Event location \_\_\_\_\_

