



**ST. CHARLES POLICE DEPARTMENT  
BIKE RODEO APPLICATION AND RELEASE**

**PLEASE PRINT LEGIBLY. BE ADVISED THAT PARTICIPANTS MUST BRING A BYCICLE HELMET WITH THEM TO THE EVENT TO PARTICIPATE. HELMETS WILL NOT BE PROVIDED.**

1. \_\_\_\_\_

*Child's last name*

*First*

2. Age: \_\_\_\_\_ Grade: \_\_\_\_\_

3. School child attends: \_\_\_\_\_

3. Address: \_\_\_\_\_

5. Telephone: \_\_\_\_\_

6. Parent's e-mail address: \_\_\_\_\_

I understand and agree that the sole purpose of this program is to help reduce the incidence of death and injury as a result of bicycle crashes. I understand and agree that the St. Charles Police Department is providing this bicycle safety rodeo program as a free service to me as a public service in the interest of safety and helping to prevent injury to children.

I, for myself, my heirs, executors, administrators or successors, hereby waive any actions or claims or to file any lawsuits against any and all individuals or organizational participants in the above referenced program, including but not limited to, the City of St. Charles and the St. Charles Park District, resulting from participation in the bicycle rodeo. I further agree to hold harmless any and all organization and individual participants in the above referenced program from and against all damages of any kind to persons or property resulting from the education program.

Parental name: \_\_\_\_\_

Parental signature: \_\_\_\_\_

Date: \_\_\_\_\_