



**Franciscan
Healthcare**

Your health is our passion.

BIKE RODEO PERMISSION SLIP

Participant's Name(s) _____

- I voluntarily allow my child/children to participate in the Franciscan Healthcare Bike Rodeo.
- I understand participation in the Bike Rodeo program involves riding a bicycle through various obstacles to increase riding skills and knowledge.
- My child/children will take all safety precautions recommended by the program's sponsors to try to avoid danger to themselves or others.
- My child/children will wear a helmet through the riding components of the Bike Rodeo program or will not be allowed to participate.
- I grant Franciscan Healthcare permission to use photographs and/or video of me and/or my child/children taken during the event in promotional materials or publications.
- I have read this release, and hereby grant permission for my child to participate in the Franciscan Healthcare Bike Rodeo. I agree to hold harmless, Franciscan Healthcare and any of its employees or volunteers. I hereby release Franciscan Healthcare from any liability.

Name of Parent or Guardian (PLEASE PRINT) _____

Signature of Parent or Guardian _____

Relationship to Child/Children _____

Date _____

Phone _____