



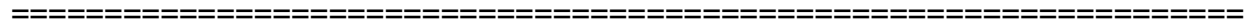
INSURANCE MANDATE NOTICE
BICYCLE/WALKING TO AND FROM SCHOOL
2020-2021

TO ALL PARENTS/GUARDIANS:

In accordance with the law, all children under 17 years of age must wear a helmet when riding a bicycle. Parents must require their children to wear helmets when riding their bicycles to and from school. If they do not wear their helmet, permission to ride to and from school will be rescinded.

Thank you for your cooperation in enforcing this law for the safety of your child.

Please sign the permission slip below and return to the school.



**ESTELL MANOR SCHOOL
2020-2021 SCHOOL YEAR**

**BICYCLE/WALKING PERMISSION SLIP
GRADES 5TH-8TH ONLY**



I DO NOT GIVE PERMISSION FOR _____ TO BIKE/WALK Grade: _____

I give permission for _____ Grade: _____

TO: (Check if yes)

Walk to and from school

Ride his/her bicycle to and from school

Either walk or ride his/her bicycle to and from school

I can be reached at _____ to verify this permission slip.
(Telephone #)

I understand that if I give permission for my child to ride his/her bicycle to and from school, that if they are under the age of 17 (s)/he will wear a helmet. I also accept all responsibility if my child is injured walking or riding his/her bicycle to and from school.

Signature of Parent/Guardian

Date

NOTE: Those who ride bicycles or walk to school are not permitted to arrive before 8:45 AM and will be dismissed immediately after the buses depart at approximately 3:30PM

Informed consent



As the parent/guardian of the above named student, I have read the bike/walk form and I understand that there are risks of physical injury associated with participation in these activities. I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither he/she nor the school district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE ESTELL MANOR SCHOOL DISTRICT, its officers, employees, board members, and agents (herein referred to as “releases”) from all liability to my son/daughter/ward, the undersigned, their personal representative, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on the account of injury to the person or property of, or resulting in death of my son/daughter/ward, while my son/daughter/ward participates in walking or riding a bike to school.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost I/we may incur due to the participation of my son/daughter/ward in walking or riding a bike to school to/from the **Estell Manor School District**.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE while my son/daughter is participating in walking or riding a bike to/from school; and

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of New Jersey and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read this waiver and release and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against the District is knowingly given up in return for allowing my child to participate in the activity. My signature on this document is intended to bind not only myself, but also my successors, heirs, representatives, administrators, and assigns.

Signature of parent/guardian

Date

Printed name of parent/guardian

Parent/guardian

Primary daytime phone #

Cell phone #