



BICYCLING PERMISSON FORM

Name of Student: _____ Supervisor: _____

Date(s) of Trip: _____ Depart Time: _____ Return Time: _____

Please provide details of the trip and activities students will participate in or attach a letter to parents/guardians with the details of the trip. For overnight trips, include eating and sleeping arrangements:

Parents/guardians and students should understand the dangers of riding bicycles on the road, on a keel trail and in traffic. This includes understanding the potential liability for bicycling. It is the parent's responsibility to provide the necessary supervision and instruction for their child. The school district is not responsible for an accident and the requirement to follow adult directions while participating in a ride.

Test the potential rider