



Release & Consent Form

Student's Name: _____

Teacher's Name: _____

Dear Parent/Guardian,

Your child has been given the opportunity to participate in the Walking Wisdom pedestrian program. This program is a two-day curriculum offered by the Wisconsin Bike Fed that will teach pedestrian skills. Students will learn

- A variety of pedestrian-related vocabulary words
- Gain an understanding of traffic signs and signals applicable to pedestrians
- Learn how to identify and avoid hazards which might be encountered while walking.
- Learn and demonstrate safe practices for street crossings

I, _____ (parent/guardian), give my consent for _____ (child) to participate in the Walking Wisdom pedestrian program. I hereby release the Walking Wisdom pedestrian instructors, Milwaukee Public Schools, the Wisconsin Bike Fed, the state of Wisconsin and any other program participants from any and all liability with relationship to participation to the Walking Wisdom education program.

Parent/Guardian Signature _____ Date _____

I also give permission for the Wisconsin Bike Fed to use photographs of my child taken during the Walking Wisdom program to be used in print and online materials: Yes No

Please list any medical needs, such as use of inhalers, or other times that are pertinent to your child's safety while walking: _____