

Please fill this form completely for every helmet that is distributed.

# Helmet Receipt and Waiver Form

## RIBs

### Recycle Ithaca's Bicycles

Southside Community Center's Bicycle Program

- Helmets are earned in about 1½ hours, with an extra half hour for paper work and fitting.
- Please wear your helmet and take care of it.
- Please ride safely.
- RIBs helmets are not guaranteed in any way.

#### Person Getting Helmet

#### Description of Helmet

Name  
(please print clearly): \_\_\_\_\_

• Your signature below says that you understand everything on this form.

Signature: \_\_\_\_\_ date: \_\_\_\_\_

Street  
and #: \_\_\_\_\_

Phone number: \_\_\_\_\_

Age (if 16 or over put 16+): \_\_\_\_\_

Size: \_\_\_\_\_

Color: \_\_\_\_\_

Brand: \_\_\_\_\_

RIBs # (write inside helmet): \_\_\_\_\_

"RIBs nnn"

#### RIBs Official fill in below

Put a check (✓) for those things which are true, and an x (×) for those things which are not true.

I have read and discussed  
this form with the helmet recipient ..... ( ).

The helmet fits comfortably and  
snugly on the recipient's head. .... ( ).

I have seen the recipient put on,  
latch, and unlatch the helmet  
without assistance ..... ( ).

Recipient's 2 hours of help  
and their receipt of this helmet  
has been logged on their work sheet : ..... ( ).

\_\_\_\_\_

RIBs Officials Name  
(please print clearly): \_\_\_\_\_

Signature: \_\_\_\_\_ date: \_\_\_\_\_