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 1 1/2 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.

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**Person Getting Helmet**

<table>
<thead>
<tr>
<th>Name (please print clearly):</th>
<th>Size:</th>
</tr>
</thead>
</table>
| Signature: __________________date:_________
| Street and #:__________________________|
| Phone number:_______________________|
| Age (if 16 or over put 16+):__________

**Description of Helmet**

<table>
<thead>
<tr>
<th>Color:</th>
<th>Brand:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RIBs # (write inside helmet): __________</td>
<td></td>
</tr>
</tbody>
</table>

**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:__________