

# Helmet Pledge and Contract

I have read the information on the CDC website regarding Helmet Safety and *"I promise to wear my helmet during all bike-riding activities. I know this will help protect me from serious brain or head injury"*.

(please print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of child/teen \_\_\_\_\_

Signature of parent \_\_\_\_\_



## Return signed pledge to:

communityoutreach@valleyhealthlink.com to be entered to win a bicycle & helmet for ages 5-15.

Offered by:  
Valley Health Winchester Medical Center  
Trauma Services

 **ValleyHealth**  
Winchester Medical Center