

2025 Bike to School Day Poster Contest

Dear Student Educator,

We would like to invite you to participate in our annual Bike to School Day Poster Contest. This year, Bike to School Day is Wednesday, May 7th and on that day schools throughout the US will bring attention to the value and joy of safe walking and rolling. **This year we are asking young bicyclists to show how to properly cross roadways, wear a helmet, and use proper lighting when riding.**

Leading up to this day, we would like to ask your help to provide students with important safety information about riding their bikes and to also allow them to get creative. **Please view the video links below with your students. Then, have them design an original piece of art based on the information included in the videos with focus on properly crossing a roadway, wearing a bike helmet, and using proper lighting.**

Three winners from each county will be selected.

Contest Guidelines

- Art should incorporate a bike safety message from one of these videos:
 - For **ALL students (K-8)**: https://youtu.be/aJUFJ26_Xd0?si=hmOtdc2Peej-R24y
 - And <https://vimeo.com/518766248/a1baecc4cd>
 - For **students (K-5)**: https://www.pedbikeinfo.org/bicyclesaferjourney/el_en.html
 - For **students (6-8)**: https://www.pedbikeinfo.org/bicyclesaferjourney/mi_en.html
- All mediums accepted. Design must be horizontal in orientation.
- No student names, school names, photographic images of people, or copyrighted images please.
- Each school may select **two** entries only to submit. Each entry must be accompanied by the following **two forms**: “Consent and Release to Use Child Artwork”, and “Contact Information Form”.
- Digital entries only. Email a photograph (.jpg file) of your student’s art (no more than 20mbs) to Srainey5@jh.edu . Please identify the student, school, and county in the email for each photograph. If your students work is selected as a winner, please have a higher resolution copy of the image available to provide to us (300 dpi preferred).
- Entries due Friday, March 14th 2025.



Child's Artwork Contact Information Form

Child's Name: _____
(print)

Parent/Legal Guardian's Name: _____
(print)

Parent/Legal Guardian's Phone: _____
(print)

Parent/Legal Guardian's Email: _____
(print)

Child's School Name and County: _____
(print)

Child's Teacher: _____
(print)

Brief Description of Artwork: _____
(print)





Consent and Release to Use Child's Artwork

Child's Name: _____ DOB: _____ Age: _____
(print)

Parent/Legal Guardian's Name: _____
(print)

I understand that my child's artwork is a gift to Johns Hopkins All Children's Hospital, Inc. or All Children's Hospital Foundation, Inc. in support of the overall mission of the hospital. I understand that the artwork may be used for social media, presentations or other similar purposes. I also understand and agree that it may be reproduced and printed on items that could be used for fundraising and other marketing/recognition purposes on behalf of Johns Hopkins All Children's Hospital. I give permission to Johns Hopkins All Children's Hospital, Inc. and All Children's Hospital Foundation, Inc. to use my child's artwork as described in this form.

Parent/Legal Guardian Signature: _____ Date: _____

Child Signature (if appropriate): _____ Date: _____

Witness: _____ Date: _____

Scan to: Consents >> Other >> Other Consent DOCIMG