



**Registration Form:**  ST  KT  Retest  Private Lesson

Last Name:		First Name:		MI:
Street Address:			APT #:	
City:		State:	Zip:	
Occupation:				
Date of Birth:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	Home Phone: ( ) ( )	Cell Phone: ( ) ( )
Driver's License Number:		Club Affiliation:		

**Emergency Contact:**

Name:	Phone Number:	Relationship:
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**Riding Experience:**

Do you own a motorcycle? <input type="checkbox"/> YES <input type="checkbox"/> NO	Size: CC/ Cubic Inches	How long have you been riding?	Number of miles This past year:
Primary Reason for Riding: <input type="checkbox"/> Commuting <input type="checkbox"/> Shopping <input type="checkbox"/> Recreation <input type="checkbox"/> Other: _____		Have you ever been involved in a motorcycle accident? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**Please Keep Me Up To Date On All The Fun Stuff:**

Opt-In: <input type="checkbox"/> YES <input type="checkbox"/> NO	E-Mail:	I'm Interested In Learning About: <input type="checkbox"/> Classes <input type="checkbox"/> Seminars <input type="checkbox"/> Rides <input type="checkbox"/> Cool Stuff
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**Medical Questions:**

Are you taking any medication that might hamper your physical acuity, such as: <input type="checkbox"/> Antihistamines, <input type="checkbox"/> Pain Medications, <input type="checkbox"/> Allergy Pills, <input type="checkbox"/> Seizure Medicines, <input type="checkbox"/> Other: _____? (Please include any Over-the-counter medicines)
Do you have any medical condition that may affect or be affected by your participation in class such as: <input type="checkbox"/> Epilepsy, <input type="checkbox"/> Diabetes, <input type="checkbox"/> High Blood Pressure Medicine, <input type="checkbox"/> Hypoglycemia, <input type="checkbox"/> Heart Problems, <input type="checkbox"/> Other: _____

**Important Note:** People run out of fuel just like vehicles. It's a good idea to eat breakfast and bring a snack because you will use up a great deal of energy doing the range exercises. You will have an opportunity to snack during breaks in the range activities. Thank you for answering these questions. The information supplied will be kept in strict confidence.

**Lesson Wrap-Up:**

What We Worked On:
Skills Gained:
Skills to Grow in:
Long-Term Goals:

**\*\*Office Use Only:\*\***

2W	P	Score:	Training Bike	Plate:	Engine Size:	Gas	Man
3W	F		Personal Bike		CC/ Cubic Inches	Electric	Auto
BH	BR	Coach:			ID#:		

**SAFETY COURSE -- GENERAL RELEASE, WAIVER & INDEMNIFICATION AGREEMENT** rev. 03/20

In consideration for \_\_\_\_\_, the Motorcycle Safety Foundation, Inc. ("MSF"), the training sponsor, the owner of the training motorcycle and premises upon which training occurs, including each of their affiliates, subsidiaries, members, employees, officers, coaches, instructors, aides, and/or agents (the "Released Parties"), furnishing services, equipment, and/or curriculum and permitting the undersigned to participate in this Motorcycle Safety Course (the "Course"), the undersigned Participant agrees to all of the following:

Participation in the Course requires physical stamina, motor coordination, and mental alertness. I hereby attest that I have no known physical or mental limitations and have not used any form of alcohol, or prescription or non-prescription drugs that could impair my performance in the Course. Participants under 18 years of age must have this form signed by a parent or guardian IN PERSON at the training location, or this form must be NOTARIZED.

I fully understand and acknowledge that (a) this Agreement is intended to be as broad and inclusive as permitted by the laws of the State in which the Course is conducted; (b) if any portion of this Agreement is for any reason held invalid or legally unenforceable, then the balance shall, notwithstanding, continue in full force and legal effect; and (c) I have had the opportunity to ask any questions about this Agreement and I fully understand its terms and meaning.

**READ CAREFULLY: THIS IS A GENERAL RELEASE, WAIVER, ASSUMPTION OF RISK & COVENANT NOT TO SUE**

I fully understand and agree that: (a) there are **DANGERS AND RISKS OF INJURY, DAMAGE, OR DEATH** that exist in my participation in the Course and use of motorcycles and motorcycling equipment ("Motorcycling Activities"); (b) my participation in the Course and Motorcycling Activities may result in injury or illness including, but not limited to, **BODILY INJURY, DISEASE, STRAINS, FRACTURES, PARTIAL OR TOTAL PARALYSIS, OTHER AILMENTS THAT COULD CAUSE SERIOUS DISABILITY, AND DEATH**; (c) these risks and dangers may be caused by negligence of Released Parties, other Course participants, or others, and may arise from foreseeable or unforeseeable causes; and (d) by participating in the Course and Motorcycling Activities, **I, on behalf of myself, my personal representatives and my heirs, hereby knowingly and voluntarily assume all risks and all responsibility, and agree to release the Released Parties for any injuries, losses and/or damages**, including those caused solely or in part by negligence of the Released Parties or any other person. If I have brought a motorcycle or helmet to use in the Course, this Agreement applies to any damage that occurs to or from my motorcycle or helmet during the Course.

I fully understand and agree that, on behalf of myself, my personal representatives and my heirs, I hereby covenant not to sue, and am relinquishing any and all rights I now have or may have in the future to sue the Released Parties for any and all injury, damage, or death, whether known or unknown, that I may suffer arising from the Course, or from motorcycle riding or its equipment, including claims based on the Released Parties' negligence.

**I HAVE READ THIS AGREEMENT AND BY SIGNING BELOW I AGREE TO THE ABOVE TERMS, AND TO ASSUME ALL RISKS AND RELEASE THE ABOVE-NAMED RELEASED PARTIES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.**

\_\_\_\_\_  
Participant Name (Printed) – First, Middle, Last                      License or ID# and State                      Participant Signature

\_\_\_\_\_  
Date – MM/DD/YYYY    Parent/Legal Guardian signature, if Participant under 18 yrs of age    Relationship                      License or ID# and State

**READ CAREFULLY: THIS IS AN INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

I, on behalf of myself, my personal representatives and my heirs, agree to hold harmless, defend, and indemnify the Released Parties from any and all claims, suits, or causes of action by any third parties, including Released Parties or other Course participants, for bodily injury, property damage, or other damages that may arise out of my use of motorcycles and motorcycle equipment or my participation in the Course, including claims arising from the negligence of Released Parties, other Course participants, or any other party.

**I HAVE READ THIS AGREEMENT AND BY SIGNING BELOW I AGREE TO THE ABOVE TERMS, AND TO ACCEPT LEGAL RESPONSIBILITY AND PAY FOR ANY LOSS FOR CLAIMS OR LAWSUITS AGAINST THE ABOVE-NAMED RELEASED PARTIES ARISING FROM MY PARTICIPATION IN THE COURSE.**

\_\_\_\_\_  
Participant Name (Printed) – First, Middle, Last                      License or ID# and State                      Participant Signature

\_\_\_\_\_  
Date – MM/DD/YYYY    Parent/Legal Guardian signature, if Participant under 18 yrs of age    Relationship                      License or ID# and State



PARENT/GUARDIAN IDENTIFICATION NOTARY

ACKNOWLEDGEMENT OF PARENT/GUARDIAN FOR MINOR PARTICIPATING IN MOTORCYCLE TRAINING

Acknowledgment of Individual

STATE OF WASHINGTON

COUNTY OF \_\_\_\_\_

On this day personally appeared before me \_\_\_\_\_,  
to me known to be the individual(s) described in and who executed the within and  
foregoing instrument, and acknowledged that he/she/they signed the same as  
his/her/their free and voluntary act and deed, for the uses and purposes therein  
mentioned.

Given under my hand and seal of office this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_

Notary Public residing at \_\_\_\_\_

Printed Name: \_\_\_\_\_

My Commission Expires:

\_\_\_\_\_