

Student Information Sheet

Motorcycle Course

All students must complete the following form, READ and sign the Waiver Form on the reverse side of this sheet prior to beginning the motorcycle course. **NOTE: The information below is requested for demographic studies and other research directly related to motorcycle safety only. This information is very important to the program and is neither released nor sold, so please answer all questions and print neatly. Your assistance in this matter is greatly appreciated.**

NAME: _____
First Middle Last

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **COUNTY:** _____

Date of Birth: _____ **SEX:** Female Male **RACE:** Asian Black Hispanic White Other

Home phone: _____ **Work phone:** _____ **Email Address:** _____

Check all that apply: Auto License Motorcycle (MC) endorsement **or** MC learner's permit

Drivers/Permit License # _____ **Issue Date:** _____ **Expiration Date:** _____ **State** _____
(Permit date for license waiver)

MILITARY or DOD: YES NO Active Duty Dependent Civilian Employee Retired

BRANCH: Army Marine Corps Navy Air Force Coast Guard

Course being taken: BC (Basic) EC (Experienced) IC (Intermediate) AC (Advanced)
 Sidecar/Trike RCP (Coach Training)

If any, what other rider class have you taken? Please mark all that apply. BC IC EC ARC

Medical information (e.g. diabetes, high/low blood pressures, seizures, etc.):

Emergency Contact: _____ **Relationship:** _____

Home Phone: _____ **Cell Phone:** _____ **Other:** _____

By signing this form, I acknowledge that I have paid \$_____ at _____ for this course and all of the above information is correct.

Student Signature: _____ **Date:** _____

This section is only for courses in which personally owned motorcycles are used during any part of the Rider Course.

Name of Insurance Company: _____

Policy Number: _____ Expiration Date: _____

MOTORCYCLE SAFETY COURSE WAIVER & INDEMNIFICATION

Participation in this course requires physical stamina, motor coordination, and mental alertness. The undersigned hereby attests that he/she has no known physical or mental limitations and has not used any form of alcohol, prescription or non-prescription drugs that could impair his/her performance in this course. Participants under 18 years of age must have this form signed by a parent or guardian in PERSON at the training location, or must be NOTARIZED.

I. READ CAREFULLY: THIS SECTION IS A LEGAL RELEASE, ASSUMPTION OF RISK, WAIVER AND COVENANT NOT TO SUE AGREEMENT

In consideration of _____, State Board for Technical and Comprehensive Education/South Carolina Technical College System and each of the State's sixteen technical colleges, the Motorcycle Safety Foundation, the training sponsor, the owner of the training motorcycle, and the owner of the land upon which training occurs, including each of their members, employees, officers, RiderCoaches and/or agents (the "Safety Course Providers"), furnishing services, equipment, and/or curriculum to enable me to participate in the Motorcycle Safety Course, **I agree as follows:**

I fully understand and acknowledge that: (a) there are **DANGERS AND RISK OF INJURY, DAMAGE, OR DEATH** that exist in my use of motorcycles and motorcycle equipment and my participation in the Motorcycle Safety Course activities; (b) my participation in such activities and/or use of such equipment 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, OR DEATH**; (c) these risks and dangers may be caused by the negligence of the Safety Course Providers; the negligence of others, including other Safety Course participants; and may arise from foreseeable or unforeseeable causes; and (d) by participating in these activities and/or using the equipment, **I, on behalf of myself, my personal representatives and my heirs, hereby assume all risks and all responsibility, and agree to release the Safety Course Providers for any injuries, losses and/or damages**, including those caused solely or in part by the negligence of the Safety Course Providers, or any other person. If I have brought a motorcycle to use in the Safety Course, I also agree that this release applies to any damage that occurs to it during the Safety Course.

I agree and understand that, on behalf of myself, my personal representatives and my heirs, I am relinquishing any and all rights I now have or may have in the future to sue the Safety Course Providers for any and all injury, damage, or death I may suffer arising from motorcycle riding or its equipment, including claims based on the Safety Course Providers' negligence.

I HAVE READ THIS RELEASE AGREEMENT AND BY SIGNING BELOW I AGREE IT IS MY INTENTION TO ASSUME ALL RISKS AND RELEASE THE ABOVE-NAMED SAFETY COURSE PROVIDERS FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE. I have had the opportunity to ask any questions about the above waiver and release and I understand its terms and meaning.

(Participant Name – Please Print)

(License or ID# and State)

(Participant Signature)

(Date)

(Signature of parent or legal guardian if less than 18 years old)

(Relationship)

(License or ID# and State)

II. READ CAREFULLY: THIS SECTION IS AN INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of _____, State Board for Technical and Comprehensive Education/South Carolina Technical College System and each of the State's sixteen technical colleges, the Motorcycle Safety Foundation, the training sponsor, the owner of the training motorcycle, and the owner of the land upon which training occurs, including their members, employees, officers and/or agents (the "Safety Course Providers"), furnishing services, equipment, and/or curriculum to enable me to participate in the Motorcycle Safety Course, **I agree as follows:**

I, on behalf of myself, my personal representatives and my heirs, agree to hold harmless, defend, and indemnify the Safety Course Providers from any and all claims, suits, or causes of action by others for bodily injury, property damage, or other damages which may arise out of my use of motorcycles and motorcycle equipment or my participation in the Motorcycle Safety Course activities, including claims arising from the Safety Course Providers' or any other party's negligence.

I HAVE READ THIS INDEMNIFICATION AND HOLD HARMLESS AGREEMENT AND BY SIGNING I AGREE IT IS MY INTENTION TO ACCEPT LEGAL RESPONSIBILITY AND PAY FOR ANY LOSS FOR CLAIMS OR LAWSUITS AGAINST THE ABOVE-NAMED SAFETY COURSE PROVIDERS ARISING FROM MY PARTICIPATION IN THE MOTORCYCLE SAFETY COURSE. I have had the opportunity to ask any questions about the indemnification and hold harmless section and I understand its terms and meaning.

(Participant Name – Please Print)

(Participant Signature)

(Date)

(Signature of parent or legal guardian if less than 18 years old)

(Relationship)

(License or ID# and State)