

TRAINING WHEELS

Motorcycle Operator Training Program Student Information

Both sections of this form must be completed and signed prior to or at your first class. Your instructor will collect it during the first session. If you are under 18 years of age your parent must sign this form and a Medical Consent for Minors in the presence of the instructor(s) or have the form notarized. If you fail to do so, you will not be allowed to participate in the course

Name: _____

(First)

(MI)

(Last)

Address: _____

(Street number, street, unit #)

(City)

(State)

(Zip)

Phone: (____) _____ Email: _____

Date of Birth: _____ Gender: ____ Driver License Number: _____ State issued: ____

Emergency Contact: _____

(Name)

(Relationship)

(Phone)

Today's presentation is being made with materials supplied by the Motorcycle Safety Foundation (MSF) and Training Wheels (sponsors) as a public service. This does not imply any endorsement by MSF of the sponsors, supporting organizations, equipment, motorcycles or other materials involved in the presentation of a course. Our aim is to expose you to ways to ride more safely. While we cannot and will not assume responsibility for the safe operation of your motorcycle, it is our hope that by presenting responsible viewpoints on safety we will expose riders and the general public to proper and prudent motorcycle operation. As a participant, you are responsible for your own learning – we cannot learn for you. **We are here to assist your learning, we cannot guarantee it or put it to use.**

I recognize and understand the risk involved in learning to ride, and riding a motorcycle, I acknowledge that risk by signing the Motorcycle Safety Course Waiver & Indemnification Form. I understand that my performance will be evaluated and that I must satisfactorily complete each training phase before advancing to the next level. Should an instructor determine that I am a danger to my classmates, or myself, I will not be allowed to continue the course. I understand that this decision is for my safety and the safety of others and I will abide by the decision of the instructor(s). I acknowledge that if my lack of progress impedes or interferes with the class that I may not be allowed to continue the class. To receive the Motorcycle Operator Training Course Completion Card, I must demonstrate competent motorcycle operation; if applicable, by attaining acceptable scores on the skill evaluation and the knowledge test. Failure of the knowledge test or the on-cycle evaluation or not satisfactorily completing a phase of the course is considered a failure for the entire course. No refunds or reschedules without repayment will be made for persons failing or being dismissed from the course.

Check All That Apply

- I am NOT under the care of a physician, or taking medication, either of which may affect my ability to ride during the course.
- I am under the care of a physician, but I have made the decision that I am able to ride. I accept full responsibility for this decision
- I am taking medication, but I have made the decision that I am able to ride. I accept full responsibility for this decision

NOTE TO THE STUDENT: If you have physical limitations or are on medication, please be aware that the course is strenuous and physically demanding. If you have a heart condition, are prone to dizziness, or have a physical or mental condition which may adversely affect your performance, we advise against participating in the class. You are responsible for you own decision to participate. If your condition adversely affects your performance, the instructor will ask you to leave the class.

All students are required to be on time for each class session. All students are expected to participate fully in each and every exercise and to follow the directions of the instructor. Tardiness, absence from any part of the course, or failure to follow the instructor's direction will result in dismissal from the course.

By signing this document, I hereby agree to follow all the rules and regulations of the program and that all information provided by me is true and correct.

Signature: _____

(Relationship if student under 18 years old) _____

Printed Name: _____

Date: _____