

ADVENTURE RIDER TRAINING

Registration Form

page 1 of 2

Full Name (as it appears on your Drivers License)

- _____ / _____
FIRST MIDDLE LAST Preferred Name
- Address: _____ City: _____
- State: _____ Zip: _____ - _____ County: _____
- Home Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____ ext: _____
- Email: _____ Fax#: _____
(For Adventure Rider Training Inc use only. Name, email address, or fax is **NOT** sold to any other entity)
- Drivers License Number: _____ State: _____
- I attest my Drivers License is Valid: _____ Initials _____
- Date of birth: _____ Gender: MALE _____ FEMALE _____
- Have you ever ridden a motorcycle before? YES _____ NO _____ If yes, what kind? What experience?

- How did you hear of Adventure Rider Training, Inc? _____
Please advise which class date you are interested in attending:
- FIRST CHOICE: _____ SECOND CHOICE: _____
(or if you do not have a particular choice, please leave blank and we will contact you to discuss available dates.)

Please complete this registration and return to: Adventure Rider Training, Inc. 2351 Wilmhurst Rd, Deland, FL 32720 (THIS IS A MAILING ADDRESS ONLY). Along with the completed registration, please return a check or money order made payable to **ADVENTURE RIDER TRAINING, INC** in the amount of \$205.00 for the Basic Rider Course at Pine Ridge High School in Deltona. (Returned checks are subject to the maximum fee allowable by law). **PLEASE NOTE** that we **CAN NOT** confirm a place in the class until receipt of the completed registration and payment. Upon receipt of this completed registration and payment, you will receive a confirmation call or email (if provided) advising you of your class date. At that time we can email or fax you a class schedule and directions as needed. Or, you may visit www.adventureriderttraining.com for directions to the training site(s).

If your chosen class is fully reserved when we receive the registration and payment, we will contact you to discuss alternate class dates. Please note that if you fail to show up for a class that you have been confirmed for or do not call within 48 hours of the beginning of your class date to notify Adventure Rider Training of a change in schedule, there will be a \$150.00 reschedule fee for another class date. There will be no refunds of the original registration fee issued.

Enrollment in a motorcycle training class is not a guarantee that you will successfully complete the class.

-----Do Not Write Below This Line-----

| | |
|-------------------------------------|---------------------|
| Mailed/Faxed: n/a | Class Date: _____ |
| Payment received: _____ Type: _____ | Site: _____ |
| Confirmation call: _____ | Coach(es): _____ |
| Completion Card Number: _____ | Map/Schedule: _____ |

MOTORCYCLE SAFETY COURSE WAIVER & INDEMNIFICATION rev. 11/06

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.

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

In consideration of Adventure Rider Training, Inc and the Motorcycle Safety Foundation, 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 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 AND/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 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)) _____ (Participant Signature)

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

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

In consideration of Adventure Rider Training, Inc and the Motorcycle Safety Foundation, 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 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)