

WITHLACOOCHEE TECHNICAL COLLEGE

1201 W. Main St. Inverness, FL 34450-4696 Telephone: (352) 726-2430
Fax: (352) 249-2153

BASIC RIDER COURSE

APPLICATION FOR ADMISSION TO COMMUNITY SCHOOL PROGRAMS

PLEASE PRINT AND USE LEGAL NAMES. PLEASE COMPLETE EVERY REQUESTED ITEM.
EVERY ITEM ON THIS APPLICATION IS REQUIRED BY FLORIDA STATUTE AND OR FLORIDA
ADMINISTRATIVE CODE.

Course Name:

BASIC RIDER COURSE

Class Date:

Instructor: **HOLM**

Fees assessed:
\$225.00

PLEASE CIRCLE TYPE

M **S**

(Office Use Only)

PLEASE PRINT AND USE LEGAL NAMES

LAST NAME	FIRST NAME	MIDDLE NAME	DRIVER'S LICENSE NUMBER	
ADDRESS OF PERMANENT RESIDENCE	CITY	STATE	ZIP	PHONE
MAILING ADDRESS (if different from above)	CITY	STATE	ZIP	PHONE
LAST FOUR OF SOCIAL SECURITY #	DATE OF BIRTH		AGE	

EMERGENCY INFORMATION

(REMEMBER TO USE INFORMATION WHICH CAN BE USED TO CONTACT THESE PEOPLE WHILE YOU ARE AT THE SCHOOL)

NAME/RELATIONSHIP	ADDRESS	PHONE

AFFIDAVITS

IF THE STUDENT IS YOUNGER THAN 18 YEARS OF AGE, THE PARENT OR LEGAL GUARDIAN MUST COMPLETE THIS AFFIDAVIT.

I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I ALSO STATE THAT IF THE SCHOOL CANNOT REACH ME IN A MEDICAL EMERGENCY, I AUTHORIZE THE DIRECTOR OR THE PRINCIPAL'S DESIGNEE TO TRANSPORT MY CHILD TO A DOCTOR OR HOSPITAL FOR EMERGENCY TREATMENT. I WILL BE RESPONSIBLE FOR ALL COSTS INCURRED FROM SUCH ACTION.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

STUDENT SIGNATURE: _____ DATE: _____

THE WITHLACOOCHEE TECHNICAL COLLEGE DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE, MARITAL STATUS OR HANDICAP IN RECRUITMENT, SELECTION, TREATMENT OR TERMINATION OF STUDENTS.

MOTORCYCLE SAFETY COURSE WAIVER & INDEMNIFICATION rev. 08/08

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 *WITHLACOOCHEE TECHNICAL COLLEGE*, the Motorcycle Safety Foundation, 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 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 or scooter 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 PERSON-AL 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 Withlacoochee Technical College, the Motorcycle Safety Foundation, 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)

Withlacoochee Technical College
1201 W. Main Street
Inverness, FL 34450
(352)726-2430, ext. 4304 OR 4333

BASIC RIDER COURSE CLASS INFORMATION READ VERY CAREFULLY

ALL MONEY PAID FOR THIS CLASS IS NON-REFUNDABLE

You must be on time for class. You will not be allowed to enter the class after the instructor has taken attendance.

FAILURE TO ATTEND THE SCHEDULED CLASS WILL RESULT IN FORFEITURE OF ALL MONIES PAID. IF YOU ARE UNABLE TO ATTEND A SCHEDULED CLASS, YOU ARE TO NOTIFY OUR OFFICE WITHIN FIVE (5) OR MORE WORKING DAYS PRIOR TO THE ASSIGNED CLASS TO MAKE THE APPROPRIATE TRANSFER TO ANOTHER CLASS WITHOUT PAYING AN ADDITIONAL FEE.

RESCHEDULING WITHIN ONE (1) TO FOUR (4) WORKING DAYS PRIOR TO YOUR SCHEDULED CLASS WILL RESULT IN A RESCHEDULE FEE OF \$100.00.

“NO SHOWS” ARE REQUIRED TO REPAY THE FULL REGISTRATION FEE.

TRANSFER TO A SCOOTER FROM A MOTORCYCLE OR FROM A SCOOTER TO A MOTORCYCLE DURING THE CLASS IS NOT PERMITTED. TO CHANGE CYCLE TYPE, YOU CAN RESCHEDULE TO THE NEXT AVAILABLE CLASS AFTER PAYING THE \$100.00 RESCHEDULE FEE.

You may reschedule by telephone with a credit card or come to the WTC Business Office to reschedule. WTC accepts Cash, money orders, VISA and Master Card.

SICKNESS OR HOSPITALIZATION: Student must show a doctor’s statement confirming illness or hospitalization if their excused absence is to be considered.

GRADUATION REQUIREMENTS: To successfully complete the program you must

- Be physically present in class when attendance is taken
- Be on time when returning from breaks
- Be free from the influence of alcohol and or drugs
- Not be disruptive during the course presentation

Please read pages 1 – 24 in your Rider Handbook and answer questions 1 – 69 before your Thursday evening class.

For the safety of the total class, participants will be required to keep up with the class during range exercises. Participants will be required to pass a skill test and a written test to obtain the MSF Course Completion Card. If you fail to pass the written test or the skill test you may retake the class one time at no charge within one year of the initial class start date.

INSTRUCTORS are certified by the Motorcycle Safety Foundation (MSF) and the State of Florida Rider Training Program (FRTP). The MSF and the State of Florida have approved WTC as a Florida training site to train student riders to obtain their Motorcycle Driver’s License Endorsement.

SESSION LENGTH TIMES DO NOT INCLUDE ADDITIONAL TIME DUE TO WEATHER AND OTHER UNFORSEEN CONDITIONS. BE PREPARED THAT CLASSES MAY RUN LONGER THAN SCHEDULED.

CHILDREN OR GUESTS WILL NOT BE PERMITTED TO ACCOMPANY A STUDENT TO CLASS DURING CLASSROOM OR RANGE EXERCISES.

WTC, The State of Florida Rider Training Program, and the Motorcycle Safety Foundation are not liable for any physical injuries or health complications that occur as a result of this program. While on WTC premises you will not be allowed to operate a motorcycle in an unsafe manner.

Student’s Signature

Parent or Guardian (if under 18)

Date