

Gulf Coast Motorcycle Training Registration Application

E.R.C. Experienced Rider Course
Fee \$100.00

Name: _____ Age: _____ D. O. B. _____
(as shown on Drivers License)

Address: _____ City: _____

County: _____ State: _____ Zip: _____

Telephone: (____) _____ Alternate Ph No: (____) _____

Driver License # _____ State: _____

Please forward Completed Registration and Waiver of Release of Liability with check Payable to: or Visa or Master Card No to:

**Gulf Coast Motorcycle Training Inc.
2993 Holmes Valley Rd.
Vernon, Florida 32462**

Visa Master Card _____ Expiration of Card _____

Confirmation No: _____ Credit Card Number _____

Read to student
over phone

Question: What if I register for the class and I am unable to attend?

Answer: If you give us more than 5 days notice prior to the class, we will reschedule you at no charge. If you cancel, a \$15.00 fee applies. If you give us 5 days or less, we will reschedule you at a one time \$50.00 rescheduling fee. Only one rescheduling fee will be assessed. If no notice is given or you are late on any day of the class then the \$100.00 fee will be forfeited and the full fee will be required again. Remember, if you are not there someone else could have taken you place. All rules and procedures will be adhered to while taken the course. This is for the safety of the student(s) and the employees of Gulf Coast Motorcycle Training.

Initials _____

(There is a \$25 dollar fee for any returned check)

Read to student
over phone

Proof of insurance is required on the motorcycle you are riding or using in anyway at the location of Gulf Coast Motorcycle Training. If you are borrowing a motorcycle for the class you must have written permission from the owner and signed by the owner. Proof of insurance in this case is still required on the motorcycle from the owner. By Initialing on the line to the right you are indicating you are fully insured on this motorcycle.

Initials _____

Please do not write below this line. For GCMTI use only.

Check Number: _____ Amount Paid _____

Personal Check Money Order Cashiers Check Cash Credit Card

Date Application Received: _____

Student Course Dates: _____

Confirmed class date by phone on _____

Confirmed class date in person on _____

Comments: _____

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.

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

In consideration of Gulf Coast Motorcycle Training 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, **1, 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)

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

In consideration of Gulf Coast Motorcycle Training 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:**

1, 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)