



## Motorcycle RiderCourse Application

### General Instructions

All four pages must be reviewed, **completed**, and **signed** in order for your application to be accepted. Space is filled on a first come basis. If you have any questions, call (231) 591-5819. **Mail completed application to: Motorcycle Rider Courses, Ferris State University; Corporate & Professional Development, 1020 Maple Street, Suite 101; Big Rapids, MI 49307.**

*Individuals with disabilities requiring accommodations to participate in the Motorcycle Rider Course must call (231) 591-5819 at least 15 days prior to the course.*

Name \_\_\_\_\_ MI Driver License/Permit Number: \_\_\_\_\_  
(as it appears on license)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ My age is **under** 18 years.  Yes  No  Male  Female  
Month/Day/Year

If under age 18, Parent or Guardian Name: \_\_\_\_\_

Emergency Name & Phone: \_\_\_\_\_

**I have never operated a motorcycle**  True  False

**Please note—Classes designated as a “double” are NOT recommended for those who have never operated a motorcycle or who are not comfortable shifting, turning, and stopping a motorcycle.**

### Course Selection

Please review the course schedule in the brochure. Fill in the blanks below with your course choices in descending priority or if you have registered on-line, fill in the date and location of the class you have been accepted in.

1st Date Choice: \_\_\_\_\_ Location: \_\_\_\_\_

2nd Date Choice: \_\_\_\_\_ Location: \_\_\_\_\_

3rd Date Choice: \_\_\_\_\_ Location: \_\_\_\_\_



I must attend all sessions and pass both a written and a riding skill test to successfully complete the course. If I have significant difficulty or become a risk to myself or others, the RiderCoaches will have the right to remove me from the class. No refunds will be given if this occurs. I grant Ferris State University the right and permission, in respect to photographs or video tape that it has produced of me or in which I may be included with others, to copyright the same in its own name. I grant the right to use, publish, reproduce the same, in whole or in part, in posters, brochures, training aids, and educational programs that may be developed by or through Ferris State University and/or its units.

Signature of Applicant

Date

### Payment Information

Payment of the appropriate registration fee (\$25) must accompany this application. No refunds will be issued for cancellations. Make check or money orders payable to Ferris State University or FSU. If you have registered on-line, do not fill in credit card information.

   Please check card type and complete information.

Card Number	Expiration Date	Name of Cardholder	Signature
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*The motorcycle safety education courses offered by this agency are conducted with state funds from a motorcycle safety grant administered by the Michigan Department of State.*

**ASSUMPTION OF RISK AND RELEASE, WAIVER, DISCHARGE,  
INDEMNITY AND COVENANT NOT TO SUE FOR MOTORCYCLE RIDER COURSE**

**THIS IS A RELEASE OF LEGAL RIGHTS – READ AND UNDERSTAND BEFORE SIGNING**

**IF THE PARTICIPANT IS LESS THAN 18 YEARS OF AGE, BOTH PARENTS OR LEGAL  
GUARDIAN(S) MUST ALSO READ AND SIGN THIS RELEASE FORM**

This is a legally binding Assumption of Risk and Release, Waiver, Discharge, Indemnity and Covenant Not to Sue (referred to as the "Release") executed by \_\_\_\_\_, whose address is \_\_\_\_\_, to Ferris State University, 1020 Maple Street, Suite 101, Big Rapids, Michigan 49307 (referred to as the "University").

- 1.0 I, the undersigned, desire to participate in the Motorcycle Rider Course (hereinafter "Activity"). I fully understand and appreciate the dangers, hazards, and risks inherent in the Activity, in any transportation to and from the Activity, and in any independent research or activities I undertake as an adjunct to the Activity, which dangers include but are not limited to injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability, and which also could include serious or even mortal injuries and property damage (referred to as the "dangers and risks"). I further attest that I have fully considered the aforementioned dangers and risks, and relying on my own judgment, I have voluntarily chosen to participate and assume all such dangers and risks.
- 2.0 Knowing the dangers and risks of the Activity, and in consideration of being permitted to participate in the Activity, I, on behalf of myself, my spouse, family, heirs, administrator(s), personal representative(s), and assigns agree to assume all the risks and responsibilities surrounding my participation in the Activity, and release, waive, forever discharge, and covenant not to sue the University, its governing board, officers, agents, employees, and any students acting as employees and/or volunteers (referred to as the "Releasees"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of the Releasees, or otherwise, while I am in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.
- 3.0 I understand and agree that Releasees may not have medical personnel available at the location of the Activity or on the campus. I understand and agree that Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.
- 4.0 It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a "Release, Waiver, Discharge and Covenant Not to Sue" the above-named Releasees. I further agree to save and hold harmless, indemnify, and defend Releasees from any claim by me or my spouse, family, estate, heirs, administrator(s), personal representative(s), or assigns arising out of my participation in the Activity.
- 5.0 I state that there are no health-related reasons or problems which preclude or restrict my participation in this Activity (other than those restrictions which have been previously disclosed pursuant to a previous request for reasonable accommodations for this Activity), and that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to me.
- 6.0 I agree that this Release shall be construed in accordance with the laws of the State of Michigan, which shall be the forum for any disputes or lawsuits arising from or incident to this Release. If any term or provision of this Release shall for any reason be held invalid, illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby, but shall continue in full legal force and effect.

**CAUTION: READ BEFORE SIGNING**

**I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THE TERMS OF THIS COMPREHENSIVE “ASSUMPTION OF RISK AND RELEASE, WAIVER, DISCHARGE, INDEMNITY AND COVENANT NOT TO SUE FOR MOTORCYCLE RIDER COURSE”; THAT I UNDERSTAND ITS CONTENTS AND CONSEQUENCES; THAT THE ONLY PROMISES MADE TO ME TO SIGN THIS COMPREHENSIVE RELEASE ARE THOSE STATED HEREIN; THAT I HAVE BEEN GIVEN SUFFICIENT TIME TO REVIEW THIS RELEASE; AND THAT I AM SIGNING IT KNOWINGLY AND VOLUNTARILY, WITHOUT ANY COERSION, AND WITH THE FULL INTENT OF BEING BOUND BY ITS TERMS.**

PARTICIPANT:

WITNESS:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Printed Name)

**IF THE STUDENT IS LESS THAN 18 YEARS OF AGE, BOTH PARENTS OR LEGAL GUARDIAN(S) MUST ALSO READ AND SIGN THIS RELEASE FORM**

**CAUTION: READ BEFORE SIGNING**

**I (A) AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE PARTICIPANT (B) HAVE READ THE FOREGOING RELEASE (INCLUDING SUCH PARTS AS MAY SUBJECT ME TO PERSONAL FINANCIAL RESPONSIBILITY), (C) AM AND WILL BE LEGALLY RESPONSIBLE FOR THE OBLIGATIONS AND ACTS OF THE PARTICIPANT AS DESCRIBED IN THIS RELEASE, AND (D) AGREE, FOR MYSELF, FOR THE PARTICIPANT, FOR PARTICIPANT’S FAMILY, ESTATE, HEIRS, ADMINISTRATOR(S), PERSONAL REPRESENTATIVE(S), OR ASSIGNS, IF PARTICIPANT IS DECEASED, TO BE BOUND BY ITS TERMS.**

PARENT OR LEGAL GUARDIAN

PARENT OR LEGAL GUARDIAN

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**EMERGENCY ROOM TREATMENT PERMIT  
(LIMITED POWER OF ATTORNEY)**

*for Ferris State University Motorcycle Rider Course*

**Directions**

**This form MUST be completed for all participants under age 18.** It is **recommended** that all participants complete the form for emergency room treatment. This form must be completed, signed, and returned with your application.

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Participant Name

Date of Birth

The undersigned does hereby grant the MOTORCYCLE PROGRAM INSTRUCTOR, or in the event he is not available, I hereby grant the nearest hospital emergency room doctor the Limited Power of Attorney to act for me and to give the required consent and authorization for medical care, diagnosis, and treatment, including surgical intervention if necessary, in behalf of my minor child for a period of

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List class dates involved which participant will attend

and to do all the necessary things I might, or could do, if personally present. I assume responsibility for expenses incurred.

Family doctor's name: \_\_\_\_\_

Family doctor's phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Plan Number: \_\_\_\_\_

List any allergies: \_\_\_\_\_

List significant medical history (diabetes, etc.): \_\_\_\_\_

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Date of last tetanus injection: \_\_\_\_\_

Medications currently being used: \_\_\_\_\_

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Signature of parent or legal guardian if participant is under 18 years

Date

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Signature of parent or legal guardian if participant is under 18 years

Date

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Signature of participant if 18 years of age or older

Date

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Signature of Witness

Date

**RETURN COMPLETED APPLICATION PACKET TO:**

Motorcycle Rider Courses  
Ferris State University  
Corporate & Professional Development  
1020 Maple Street, Suite 101  
Big Rapids, MI 49307

(231) 591-5819 / FAX (231) 591-5821  
mrc@ferris.edu