

	T.E.A.M. Arizona RiderCourse Registration Form	Please update name and address as it should appear on your license, if necessary.
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Name		e-mail	
Address			
City		State	Zip:
Evening Phone		Daytime Phone	
Date of Birth	Age	Sex	Occupation

D.L. Number		Permit Number	
State	Endorsements	State	Restrictions
Class	Expiration	Class	Expiration

Motorcycle Information	Make	Model
	Size	Year

Riding Experience	Current	Years / Months	Years Ago	Dirt
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Any other rider training?	
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If you are a member of a cycle club or organization, please provide some information	Organization BMMC
	Member Number

T.E.A.M. Arizona Use Only		If your name or address on this form are different from what you want to appear on your driver's license, please clearly update this form. Read and sign the acknowledgements on the reverse of this form. Bring this completed form to your first class session. If you are under 18 years of age, a parent or guardian will have to sign the release. This signature must be notarized, or witnessed by our instructor.
Course No	Student No	
Completion Date	Tuition Paid	
RERP No	Knowledge Test	
Site	Skill Test	
City	Student Status	
State	Completion Card No	

T.E.A.M. Arizona Motorcyclist Training Centers
ACKNOWLEDGEMENT OF DANGER, CONDITIONS, AND RELEASE OF LIABILITY

This form must be completed, signed and given to your instructor prior to your beginning on-cycle instruction. FULLY read ALL statements before signing. Participants under the age of 18 must have the signed approval of a parent or guardian to participate in this course.

I understand that participation in this course requires physical stamina, motor coordination, and mental alertness. I have no physical or mental limitations, I have not used alcohol, prescription or non-prescription drugs, or other substances which could impair my ability to participate in this course. I am currently able to ride a pedal bicycle.

_____ initial

I understand that operating a motorcycle, even in a class environment on a closed course, exposes me to significant risk. I understand that it is not possible for T.E.A.M. Arizona to eliminate the risks involved with riding a motorcycle in this course.

I understand that I could be severely injured or killed while participating in this class.

_____ initial

I understand that there is no guarantee that I will successfully complete this course. I understand that I may be prohibited from participating in any portion of this course, or completing this course, because of a failure to meet course progress guidelines, repeated failure to respond to coaching by the RiderCoaches or instructors, or because of safety reasons. This decision rests solely with the discretion of the course Coaches.

_____ initial

If at any time I decide to discontinue participation in the course or, if at any time a RiderCoach or instructor terminates my continued participation in the course, for safety reasons, for failure to meet MSF course evaluation guidelines, or repeated failure to respond to coaching by the RiderCoaches or Instructors, their decision is final and T.E.A.M. Arizona will be under no obligation to refund any portion of any course fees that I have paid.

_____ initial

Basic RiderCourse Participants: I understand that not everyone is ready to ride. Although the Basic RiderCourse is specifically designed for a novice rider, and will be taught at an appropriate pace and difficulty level for the average person, I understand that I may not be successful in learning to ride a motorcycle during the course in which I am enrolled. I understand that if I require instructional accommodations beyond the scope of the standard BRC curriculum I may not be allowed to continue participation in the riding portion of the course.

_____ initial

I, on behalf of myself, and my heirs and my personal representatives, hereby voluntarily release, waive, and discharge, R.A.M. Inc, T.E.A.M. Arizona Motorcyclist Training Centers, all contracted hosts, sponsors, agents or representatives, independent contractors, and all course participants of, and agree to hold each of them harmless from, any and all claims (including without limitation claims for consequential and punitive damages), actions and causes of action for bodily injury, property damage, wrongful death, loss of services or otherwise that arise directly or indirectly out of my use of motorcycles and motorcycle equipment or my participation in the Motorcycle Rider Education Class activities.

I HAVE COMPLETELY READ THE ABOVE WAIVER OF RELEASE AND BY SIGNING IT AGREE WITH ALL STATEMENTS

SIGNATURE _____ AGE _____ DATE _____

_____ Relationship _____

SIGNATURE OF PARENT OR GUARDIAN (if less than 18 years old)

Must be notarized, or signed in the presence of class instructor