



THE TRAINING CLASS YOU ARE ABOUT TO PARTICIPATE IN IS TAUGHT BY CERTIFIED “MOTORCYCLE SAFETY FOUNDATION” INSTRUCTORS. FOR YOUR SAFETY AND CONVENIENCE, ALL ACTIVITIES/EXERCISES WILL BE EXPLAINED AND DEMONSTRATED. BECAUSE OF THE NATURE OF THE COURSE, YOU ARE ASKED TO SIGN THE “WAIVER RELEASE” FORM. IN DOING SO, YOU ACKNOWLEDGE THAT YOU FULLY UNDERSTAND, APPRECIATE AND VOLUNTARILY ACCEPT THE RISK.

I UNDERSTAND I WILL BE ADVISED ON MY PERFORMANCE AND UNDERSTAND I MUST SUCCESSFULLY MEET THE OBJECTIVE OF EACH TRAINING PHASE BEFORE ADVANCING TO THE NEXT LEVEL. SHOULD I BECOME A DANGER TO MYSELF OR OTHERS IN THE CLASS, I WILL NOT BE ALLOWED TO CONTINUE. THIS IS FOR MY SAFETY AND THE SAFETY OF OTHERS. I WILL ABIDE BY THE DECISION OF MY INSTRUCTORS.

TO RECEIVE THE *MOTORCYCLE SAFETY FOUNDATION* COMPLETION CARD, I MUST DEMONSTRATE PROFICIENCY IN BASIC MOTORCYCLE OPERATION BY ATTAINING ACCEPTABLE SCORES ON BOTH AN ON-CYCLE EVALUATION AND A WRITTEN EVALUATION. BY STATE CONTRACT YOU MAY RETEST ONLY ONE TIME FOR EITHER EVALUATION, BUT NEVER ON THE SAME DAY.

I UNDERSTAND THAT JMST HAS A NO REFUND POLICY SINCE IT PROVIDES A SERVICE, NOT A PRODUCT. IF I FAIL ANY PORTION OF THE ASSESSMENTS OR DO NOT COMPLETE THE COURSE, I MAY COME BACK THROUGH THE COURSE FREE OF CHARGE ON A STAND-BY BASIS.

NAME (PRINTED): _____ DATE: _____

SIGNATURE: _____

DRIVER'S LICENSE #: _____ STATE: _____

YES NO

I AM UNDER THE CARE OF A PHYSICIAN OF ANY KIND OR WILL BE TAKING MEDICATION DURING WHAT WILL BE THE TIME SCHEDULED FOR THIS COURSE WHEREBY THE CARE AND TREATMENT MAY IMPAIR MY ABILITY TO OPERATE A MOTORCYCLE.

IF YOU THINK IT IS NECESSARY, PLEASE DISCREETLY TELL AN ADMIN/INSTRUCTOR SO THAT WE MAY PROPERLY AND SAFELY WORK AROUND ANY ISSUES TO THE BEST OF OUR ABILITY.

INSTRUCTOR/ADMIN INITIAL _____