



# FERRIS STATE UNIVERSITY

UNIVERSITY CENTER FOR EXTENDED LEARNING

## Motorcycle Rider Course 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 or (888) 378-4378. **Mail completed application to: Motorcycle Rider Courses, Ferris State University; Corporate & Professional Development, 410 Oak Street, ALU 113; Big Rapids, MI 49307.**

Individuals with disabilities requiring accommodations to participate in the Motorcycle Rider Course must call (231) 591-5819 or (888) 378-4378 at least 15 days prior to the course.

Name \_\_\_\_\_ Driver License/Permit Number: \_\_\_\_\_

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: \_\_\_\_\_

### General Questions

- |  |   |
|--|---|
| <input type="radio"/> True <input type="radio"/> False I have ridden on a motorcycle as a passenger.   | <input type="radio"/> True <input type="radio"/> False I have operated a motorcycle over 5000 miles in the last 5 years.                          |
| <input type="radio"/> True <input type="radio"/> False I have never operated a motorcycle.   | <input type="radio"/> True <input type="radio"/> False I took a motorcycle course more than 10 years ago.   |
| <input type="radio"/> True <input type="radio"/> False I am not comfortable driving an automobile with a "stick shift" or "manual transmission". | <input type="radio"/> True <input type="radio"/> False I have already taken the Motorcycle Rider Course once and want to take it again.           |
| <input type="radio"/> True <input type="radio"/> False I classify myself as a "Novice or Beginning" rider.                                       | <input type="radio"/> True <input type="radio"/> False I would prefer a shortened course, not dealing with basic motorcycle controls operation.   |
| <input type="radio"/> True <input type="radio"/> False I am interested in taking a basic course over a longer period at a slower pace.           | <input type="radio"/> True <input type="radio"/> False I feel qualified to take a skills test that deals with just motorcycle controls operation. |
| <input type="radio"/> True <input type="radio"/> False I would prefer to take a course with people in my own age group.                          | <input type="radio"/> True <input type="radio"/> False I have done a lot of "dirt riding", but very little riding on the street.                  |
| <input type="radio"/> True <input type="radio"/> False I am comfortable shifting, turning, and stopping a motorcycle.                            | <input type="radio"/> True <input type="radio"/> False I feel that I need an "Experienced Riders" course and not a basic course.                  |
| <input type="radio"/> True <input type="radio"/> False I currently <u>own and ride</u> a motorcycle.   |   |
| <input type="radio"/> True <input type="radio"/> False I feel that I am an "experienced" motorcyclist.   |   |
| <input type="radio"/> True <input type="radio"/> False I have operated a motorcycle more than 400 miles in the last 5 years.                     |   |

### Course Selection

Please review the course schedule in the brochure. Fill in the blanks below with your course choices in descending priority.

1<sup>st</sup> Date Choice: \_\_\_\_\_ Course Name & Location: \_\_\_\_\_

2<sup>nd</sup> Date Choice: \_\_\_\_\_ Course Name & Location: \_\_\_\_\_

3<sup>rd</sup> Date Choice: \_\_\_\_\_ Course Name & Location: \_\_\_\_\_

I understand that I may be replaced in a course by an individual under age 18 due to a state mandate. I also 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 must accompany this application. No refunds will be issued for cancellations. Cancellations received ten calendar days prior to the start of the course for which you are registered may be eligible for rescheduling. Substitutions are permitted with completed forms. Make checks payable to Ferris State University or FSU.

Please check card type and complete information.

|             |                 |                    |           |
|-------------|-----------------|--------------------|-----------|
| Card Number | Expiration Date | Name of Cardholder | Signature |
|-------------|-----------------|--------------------|-----------|

### For office use only:

Fee: \_\_\_\_\_ Date: \_\_\_\_\_ Check#: \_\_\_\_\_ DRT#: \_\_\_\_\_ Refund: \_\_\_\_\_ Check Code: \_\_\_\_\_

City & Date Scheduled for: \_\_\_\_\_ Date Confirmation Sent: \_\_\_\_\_

# WAIVER & RELEASE FROM LIABILITY

## Directions

Applicants age 18 and over complete Part "A" only. Applicants under age 18 must have parent or guardian complete Parts "A" and "B." This form must be completed, signed, and returned with your application.

## PART A – Waiver and Release from Liability

In consideration of being permitted to enter for any purpose any RESTRICTED AREA (herein defined as the areas to which admission by general public spectators is prohibited), or being permitted to compete, officiate, observe, work for, or for any purpose participate in any way in the event, EACH OF THE UNDERSIGNED, for himself, his personal representatives, heirs, next of kin, acknowledges, agrees and represents that he has, or will immediately upon entering any of such restricted areas, and will continuously thereafter, inspect such restricted area or areas and all portions thereof which he enters and with which he comes in contact, and he does further warrant that his entry upon such restricted area or areas and his participation, if any, in the event constitutes an acknowledgement that he has inspected such restricted area and that he finds and accepts the same as being safe and reasonably suited for the purposes of his use, and he further agrees and warrants that if, at any time, he is in or about restricted areas and he feels anything to be unsafe, he will immediately advise officials of such and will leave the restricted area(s):

1. HEREBY RELEASE, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE Ferris State University, the promoters, other participants, operators, officials, any persons in a restricted area, sponsors, advertisers, owners and leasees of premises used to conduct the event and each of them, their officers and employees, all for the purposes herein referred to as "releasees," from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any and all damage, and any claims or demands thereof on account of injury to the person or property or resulting in death of the undersigned, whether caused by negligence of the releasees or otherwise while the undersigned is in or upon the restricted area, and/or, competing, officiating, observing, or working for, or for any purpose participating in the event.
2. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in or upon the restricted area or in any way competing, officiating, observing, or working for, or for any purpose participating in the event and whether caused by the negligence of the releasees or otherwise.
3. HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of releasees or otherwise while in or upon the restricted area and/or while competing, officiating, observing, or working for, or for any purpose participating in the event.
4. EACH OF THE UNDERSIGNED expressly acknowledges and agrees that the activities at the event and in the restricted areas are dangerous and involve the risk of serious injury and/or death and/or property damage. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by law of the Providence or State in which the event is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

This waiver, release from indemnification agreement specifically embrace each and every event sanctioned, authorized or promoted by said releasees during the entire season and applies to each and every event, or activity hereinabove mentioned, and has the same effect as if executed after each and every activity or event in which the undersigned participates so that the parties herein intended to be released and indemnified shall be full and effectively released and indemnified as to each and every event hereinabove described.

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Signature of Applicant

Witness

Date

## Part B – Parent/Guardian Waiver and Release from Liability

If applicant is under 18 years of age, the parent(s) or guardian(s) must execute in addition to the above this following waiver.

The undersigned, \_\_\_\_\_ referred to as the parent(s) and natural guardian(s) and legal guardian(s) of \_\_\_\_\_, does thereby represent that he/she (they) is (are), in fact, acting in such capacity to save and hold harmless and indemnify each and all of the parties herein referred to above as releasees from all liability, loss, cost, claim or damage whatsoever may be imposed upon said releasees because of any defect in or lack of such capacity to so act and release said releasees on behalf of both of the undersigned.

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Name

Relationship to Minor

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Name

Relationship to Minor

# MOTORCYCLE SAFETY COURSE WAIVER FORM

## Directions

This form must be completed, signed, and returned with your application. Participants must be a legal resident of the State of Michigan. Participants under the age of 18 years must have the signed approval of a parent or legal guardian to enroll in this motorcycle safety course.

Name \_\_\_\_\_ Driver License/Permit Number: \_\_\_\_\_ State of: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Release, Waiver and Indemnification

In consideration of the undersigned's participation in Motorcycle Safety Course, the undersigned participant, parent or legal guardian (if under the age of 18 years) does hereby execute this release, waiver and indemnification for him/her self and his/her heirs, successors, representatives and assigns, and hereby agrees and represents as follows:

Injuries can occur. By consenting to participation, you assume all risks incidental to involvement in program activities, including the possibility of bruises and other more serious injuries. Signing this form indicates your recognition and understanding of the responsibilities and hazards inherent in your participation in the structured program. You agree to assume all responsibilities and risks involved in the program, and for yourself and your heirs to release and hold harmless Ferris State University, its officers and employees, from all claims and legal actions, whether for property damage, physical injury, or otherwise, arising from your participation in the program.

The undersigned further agrees to release FERRIS STATE UNIVERSITY, its members, employees, agents, representatives and those governmental agencies and other organizations affiliated with this course including but not limited to the Motorcycle Safety Foundation, its members, employees, agents and representatives, from any and all liability, loss, damage, costs, claims, and/or causes of action, including but not limited to all bodily injuries and property damage arising out of participation in the motorcycle training course referred to above, it being specifically understood that said course includes the operations and use by the undersigned participant and other motorcycles.

The undersigned further agrees to indemnify FERRIS STATE UNIVERSITY, its members, employees, agents, representatives and those governmental agencies and other organizations affiliated with this course including but not limited to the Motorcycle Safety Foundation, its members, employees, agents and representatives, and hold harmless for any liability, loss, damage, cost, claim, judgment or settlement which may be brought or entered against them as a result of the undersigned's participation in said course. This indemnification shall include attorney's fees incurred in defending against any claim or judgment and incurred in negotiating any settlement. It is understood and agreed that the undersigned shall have the opportunity to consent to any such settlement, provided, however, that such consent shall not be unreasonably withheld.

I HAVE CAREFULLY READ THIS RELEASE AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THE SAME AS MY OWN FREE ACT.

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Signature of participant

Date

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

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.): \_\_\_\_\_

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 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  
410 Oak Street, ALU 113  
Big Rapids, MI 49307

(888) 378-4378 or (231) 591-5819 / FAX (231) 591-3539  
ucel@ferris.edu