



# Motorcycle Training of Florida, Inc. Registration Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(As Shown on your Valid Drivers License)

Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver License: \_\_\_\_\_ State: \_\_\_\_\_  
(You must bring your Valid Drivers License to class with you.)

Please complete this Registration Application and  
Wavier of Resease of Liability with Check payable to  
M.T.O.F.I. and mail to:

MTF  
Motorcycle Training of Florida, Inc.  
1409 Pickettville Road  
Jacksonville, FL 32220

Course:

- B.R.C. Basic Motorcycle RiderCourse (Endorsement)
- B.R.C-2. Experienced RiderCourse (Skills)
- A.R.C. Advanced RiderCourse (On your motorcycle)
- Bike-Bonding RiderCourse \_\_ Basic \_\_ Ultimate
- Other MSF RiderCourses \_\_\_\_\_

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

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

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

**Answer:** If you give more than 5 days notice prior to the class, we will reschedule you at no extra charge. If you give us 5 days or less, we will reschedule you and a one-time rescheduling fee will be assessed. Only one rescheduling fee will be permitted. If no notice is given or you are late on any day of the class, then the total amount of the fee will be forfeited and the full fee will be required to take the course again. Remember, if you are not there, someone else could have taken your scheduled class seat.

**Notice:** A valid driver license is required to take this course. If you register for this course and your driver license is not valid you will not receive credit for completing the course and you will forfeit the fee paid. You can check the status of your driver license at <https://www6.flhsmv.gov/DLCheck/main.jsp>. If you cancel more than 5 days prior, and want a refund, there is a \$20.00 administrative processing fee. There is no refund within 5 days of the class.

**Statement:** I, the student, am aware of my physical and mental health and the weather for this time of year, outside on the asphalt/concrete range and inside the classroom. I will not be under the influence of alcohol or any drugs while taking this course. (All rules and regulations must be followed while taking this course at the training location. This is for the safety of the students and the employees of Motorcycle Training of Florida, Inc.).

I have read all the above information: Initials: \_\_\_\_\_

**To take this course:** You must know how to ride a bicycle to take the class. Can you ride a bicycle? Yes:  
No      Are you Civilian:      Law Enforcement:      Military:      Other: \_\_\_\_\_

Where did you find out about the class? \_\_\_\_\_

There is a fee for any returned check: \$35.00 or what the Bank Charges; whichever is greater.  
Visa, Mastercard, Discover and American Express are accepted. Bring your card to class with your paperwork.

### Do not write below this line. For MTOFI use only

Payment type: Check # \_\_\_\_\_ Money Order: \_\_\_ Cashiers Check: \_\_\_ Cash: \_\_\_ Credit/Debit Card: \_\_\_\_\_

Class Dates: \_\_\_\_\_ Date Confirmed: \_\_\_\_\_ Confirmed by: \_\_\_\_\_ Class # \_\_\_\_\_

BRC Card Number: \_\_\_\_\_ Issue \_\_\_\_\_ Knowledge \_\_\_\_\_ Skill \_\_\_\_\_  
Date: \_\_\_\_\_ Test Score: \_\_\_\_\_ Test Score: \_\_\_\_\_

Comments: \_\_\_\_\_

# MOTORCYCLE SAFETY COURSE WAIVER & INDEMNIFICATION

(REV. 01/13)

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.

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

In consideration of Motorcycle Training of Florida, Inc., the Motorcycle Safety Foundation, the training sponsor, the owner of the training motorcycle, and the owner of the land upon which training occurs, including each of their members, employees, officers, RiderCoaches 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 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, **I, 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, and 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 INTENSION TO ASSUME ALL RISKS AND RELEASE THE ABOVE-NAMED 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)

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

In consideration of Motorcycle Training of Florida, Inc., the Motorcycle Safety Foundation, the training sponsor, the owner of the training motorcycle, and the owner of the land upon which the training occurs, 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, 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 INTENSION TO ACCEPT LEGAL RESPONSIBILITY AND PAY FOR ANY LOSS FOR CLAIMS OR LAWSUITS AGAINST THE ABOVE-NAMED 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: