



Waiver or Release of Liability

(For instructor use only)

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(Write site name or stamp site name here)

In consideration of William Rainey Harper College Motorcycle Safety Program (Harper College) and the training site _____ furnishing services and/or equipment to enable me to participate in the Cycle Rider Safety Training Program, I agree as follows:

I fully understand and acknowledge that : (a) risks and dangers exist in my use of motorcycles and motorcycle equipment and my participation in the Cycle Rider Safety Training Program 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 and/or total paralysis, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of the Illinois Department of Transportation or Harper College and the training site ; the negligence of the participants, the negligence of others, the condition of the entire property, weather, crashes, breaches of contract, the forces of nature or other causes.

These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers or employees of the Illinois Department of Transportation or Harper College and the training site or by any other person. (e) I understand that operating a motorcycle requires physical stamina, motor coordination and mental alertness, I hereby attest that I have no known physical or mental limitations, I have not used and will not use any form of alcohol, prescription or non-prescription drugs that could impair my performance in the Cycle Rider Safety Training Program. If I have brought a motorcycle or a helmet to use in the Cycle Rider Safety Training Program, I also agree that this release applies to any damage that occurs to it during the Cycle Rider Safety Training Program.

I, on behalf of myself, my personal representatives and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the Illinois Department of Transportation, Harper College and the training site and its owners, agents, officers and employees from any and all claims, suits or causes of action for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of motorcycles and motorcycle equipment or my participation in the Motorcycle Rider Education Course activities, including but not limited to the conduct, actions, inaction, conditions of the entire property, breach of contract, weather, forces of nature or any other causes or any negligence of any of the foresaid parties, or their owners, agents, officers, employees or other class participants. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by Harper College and the training site the Illinois Department of Transportation, its owners, agents, officers or employees.

I have read the above waiver or release and by signing it agree it is my intention to exempt and relieve the Illinois Department of Transportation and Harper College and the training site from liability for personal injury, property damage or wrongful death caused by negligence or any other cause. Notice: Any student 16 to 17 years of age must have a parent or legal guardian present, in person, to provide written consent. If the parent or legal guardian is not present, written consent must be notarized.

Student Signature

Date

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Student's Name (Last, First, MI - Please Print

Age

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Signature of parent or guardian (if less than 18 years old)

Date

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Notary Public

State of Illinois

County

Signed and sworn (or affirmed) to before me on _____ by _____
(date)

(name/s of person/s making the statement)

Signature of Notary Public

(SEAL)

My commission expires _____

Emergency Contact Information

Please print

1. Name of person to contact: _____

2. Relationship to you: _____

3. Phone number: _____

Please list below any medical information (allergies, epilepsy, recent surgery, etc.) the instructors may need to know in the event of an emergency.

Use of a Non-program Owned Motorcycle

If not using a program motorcycle, do you own the motorcycle you will be using in the course?

Please circle one **YES** **NO**

Please provide the make/model: _____ and VIN: _____

If **NO**, please print the name of the owner: _____

and a contact phone number for the owner: _____

Instructors will need to see a valid insurance card and current vehicle registration.