

**SAFETY COURSE -- GENERAL RELEASE, WAIVER & INDEMNIFICATION AGREEMENT** rev. 01/22

In consideration for the Motorcycle Safety Foundation, Inc. ("MSF"), the entity sponsoring the training (\_\_\_\_\_), the owner of the training motorcycle (if not owned by the undersigned), and the owners of the premises upon which training occurs, including each of their affiliates, subsidiaries, members, employees, officers, coaches, instructors, aides, and/or agents (collectively, the "Released Parties"), permitting the undersigned to participate in this Safety Education and Training Course (the "Course"), I, the undersigned Participant, agree to all of the following:

Participation in the Course requires physical stamina, motor coordination, and mental alertness. I hereby attest that I have no known physical or mental limitations and have not used any form of alcohol, or prescription or non-prescription drugs that could impair my performance in the Course. Participants under 18 years of age must have this form signed by a parent/guardian in person at the training location, or the parent/guardian may sign without appearing in person, in which case this form must be NOTARIZED.

I fully understand and acknowledge that (a) this Agreement is intended to be as broad and inclusive as permitted by the laws of the State in which the Course is conducted; (b) I have been advised of and agree to waive, on behalf of myself, my personal representatives and my heirs, all rights and benefits flowing from any state statute that would otherwise limit the scope of this Agreement or the undertakings and releases contained herein; (c) if any portion of this Agreement is held invalid or legally unenforceable, then the balance shall, notwithstanding, continue in full force and legal effect; and (d) I have had the opportunity to read this entire Agreement and ask any questions about it, and I fully understand its terms and meaning.

**READ CAREFULLY: THIS IS A GENERAL RELEASE, WAIVER, ASSUMPTION OF RISK & COVENANT NOT TO SUE**

I fully understand and agree that: (a) there are **DANGERS AND RISKS OF INJURY, DAMAGE, OR DEATH** that exist in my participation in the Course, and in my use of motorcycles and motorcycling equipment ("Motorcycling Activities"); (b) my participation in the Course and Motorcycling Activities 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, AND DEATH**; (c) these risks and dangers may be caused by negligence of Released Parties, other Course participants, or others, and may arise from foreseeable or unforeseeable causes; and (d) by participating in the Course and Motorcycling Activities, **I, on behalf of myself, my personal representatives and my heirs, hereby knowingly and voluntarily assume all risks and all responsibility, and agree to release the Released Parties for any injuries, losses and/or damages**, including those caused solely or in part by negligence of the Released Parties or any other person. If I have brought a motorcycle or helmet to use in the Course, I also agree that this release applies to any damage that occurs to or from my motorcycle or helmet during the Course.

I fully understand and agree that, on behalf of myself, my personal representatives and my heirs, I hereby covenant not to sue, and am relinquishing any and all rights I now have or may have in the future to sue the Released Parties for any and all injury, damage, or death, whether known or unknown, that I may suffer arising from the Course or Motorcycling Activities, including claims based on the Released Parties' negligence.

**I HAVE READ THIS AGREEMENT AND BY SIGNING BELOW I AGREE TO THE ABOVE TERMS, AND TO ASSUME ALL RISKS AND RELEASE THE ABOVE-NAMED RELEASED PARTIES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.**

\_\_\_\_\_  
Participant Name (Printed) – First, Middle, Last                      License or ID# and State                      Participant Signature

\_\_\_\_\_  
Date – MM/DD/YYYY    Parent/Legal Guardian signature, if Participant under 18 yrs of age    Relationship                      License or ID# and State

**READ CAREFULLY: THIS IS AN INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

I, on behalf of myself, my personal representatives and my heirs, agree to hold harmless, defend, and indemnify the Released Parties from any and all claims, suits, or causes of action by any third parties, including Released Parties or other Course participants, for bodily injury, property damage, or other damages that may arise out of my participation in the Course or Motorcycle Activities, including claims arising from the negligence of Released Parties, other Course participants, or any other party.

**I HAVE READ THIS AGREEMENT AND BY SIGNING BELOW I AGREE TO THE ABOVE TERMS, AND TO ACCEPT LEGAL RESPONSIBILITY AND PAY FOR ANY LOSS FOR CLAIMS OR LAWSUITS AGAINST THE ABOVE-NAMED RELEASED PARTIES ARISING FROM MY PARTICIPATION IN THE COURSE.**

\_\_\_\_\_  
Participant Name (Printed) – First, Middle, Last                      License or ID# and State                      Participant Signature

\_\_\_\_\_  
Date – MM/DD/YYYY    Parent/Legal Guardian signature, if Participant under 18 yrs of age    Relationship                      License or ID# and State

LEARN 2 RIDE, Inc. 585-615-RIDE

PLEASE READ THE FOLLOWING CAREFULLY! PROVIDE SIGNATURE AT BOTTOM

NAME: \_\_\_\_\_

Participation in this Basic *RiderCourse* (BRC) requires Physical Stamina, Motor Coordination and Mental Alertness.

Riding a motorcycle is a higher risk activity and is not for everyone. If at any time during the BRC you cannot, or do not wish to continue for any reason, let your RiderCoaches know immediately. Do not knowingly compromise the safety of yourself or others.

Also, if at any time during the Riding Exercises, it is determined that you are not meeting the stated objectives of the Exercises, or you become a danger to yourself or others, you will not be allowed to continue the Riding Exercises. This action will be taken for the safety of all concerned and the RiderCoaches have full authority to make this decision.

**INFORMATION / PLEASE FILL IN THE FOLLOWING ABOUT YOURSELF**

I can ride and balance a bicycle: [ ] Yes [ ] No

Do you have any conditions such as a history of dizzy spells, fainting, seizure disorder, muscular problems, epilepsy, balance, grip, coordination or other physical stress related problems which may or could make it unsafe for or interfere with your ability to operate a motorcycle? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

Are you taking any prescriptions or over the counter medications, cold medications, muscle relaxants or sedatives which may or could make it unsafe for or interfere with your ability to operate a motorcycle? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

Safety is a primary concern. If you feel uncomfortable about answering the above questions, please consult with your RiderCoach and discuss this or other concerns prior to the Riding Exercises.

**I attest that I am in possession of a full and valid driver license and that is not currently suspended or revoked and is not in Conditional or Restricted status.**

**I have read and understand the above information and it is correct to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# NEW YORK STATE MOTORCYCLIST SAFETY PROGRAM STUDENT REGISTRATION FORM

**NYSMSP SITE NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

## STUDENT DETAILS

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS 2 \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_

DOB \_\_\_\_\_ GENDER \_\_\_\_\_ MILITARY ID \_\_\_\_\_

DL/PERMIT # \_\_\_\_\_ DL STATE \_\_\_\_\_ MILITARY BRANCH \_\_\_\_\_

DL EXP. DATE \_\_\_\_\_ DL COUNTRY \_\_\_\_\_ MILITARY STATUS \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**OFFICE COPY**

## TRAINING DETAILS

COURSE TAKEN: ( ) BRC ( ) BRC2-SKILLS ( ) BRC2-LW ( ) 3WBRC ( ) OTHER \_\_\_\_\_

KNOWLEDGE SCORE: \_\_\_\_\_ SKILLS TEST SCORE: PART A: \_\_\_\_\_ PART B: \_\_\_\_\_

eCOURSE CERTIFICATE ID #: \_\_\_\_\_

COMPLETION CARD #: \_\_\_\_\_

STUDENT STATUS (CHECK ONE): ( ) PASSED ( ) FAILED ( ) DROPPED EARLY  
( ) DROPPED LATE ( ) NO SHOW

IS THIS A RETURNING STUDENT? IF YES, CHECK HERE ( )

ELIGIBILITY VERIFIED BY SITE REPRESENTATIVE (INITIALS) \_\_\_\_\_



## **ePACKAGE 1 Enroll and Access**

Enroll in the MSF ePackage 1 online course using this [link](https://msfusa.link/280846): **https://msfusa.link/280846**

To waive the \$39.99 registration fee, you MUST enroll in the online eCourse using this unique link. The course fee will be \$0.00 if you use the unique link.

1. Enter your Student Information in the required fields.
2. Click **Enroll Student** at the bottom of the page.
3. If you have entered all required enrollment information, near the bottom of the page you will see a message in light green that says, 'Temporary enrollee successfully added....'
4. Click **Complete Registration**.
5. Scroll down to the Waiver(s) and Indemnification(s) on the bottom half of the screen.

### **IF YOU ARE ASKED TO MAKE A CREDIT CARD PAYMENT, STOP!**

You did not enroll using your unique link. A payment page only appears when there is a remaining balance due. Please Copy and Paste the unique link into your browser and re-enter your Student Information. The Fee is \$0.00 when you register using your link. **The MSF does NOT provide refunds if you use your credit card instead of your enrollment link.**

6. To complete the registration, you must read and agree to the Student Release(s) by checking the **I Accept** box. To activate that checkbox, you must first read the entire release by scrolling to the bottom of the inset document. If you cannot click on the 'I Accept' box, make sure you have scrolled to the end of the waiver (and not just the bottom of the Enrollment page).
7. Enter your email address in both required confirmation fields and click **Complete Registration**.
8. On your enrollment confirmation page, scroll down until you find your username, your eight-character password, and the eCourse login site <http://elearning.msf-usa.org>. **Write down your login information or print this page.** Click the [link](#) to go to the MSF eCourse Server Login page.  
If you closed your confirmation page without writing down your password, look for an email from [noreply-res@msf-usa.org](mailto:noreply-res@msf-usa.org). Check your Trash and Spam folders if it is not in your inbox.
9. On the login page, enter your username and password (make sure all letters are lowercase), click **Log in**.
10. On the Homepage, scroll down, and under My courses, click **MSF ePackage 1**.
11. Click the red **Click Here** button.
12. Click **Enter**. A new window will open and begin loading your course.

The course will not advance automatically. When the audio for a page ends, use the navigation bar at the bottom of the screen to move forward by clicking on the **blinking red forward arrow**.

The course is designed to save your progress and allow you to complete it over multiple sessions.

Upon completion, you will be redirected to the course menu page (with the red "Click Here" button). Scroll down and click **Completion Certificate**. Bring this with you to your hands-on class.

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Contact the MSF eCourse Support Desk for assistance  
[msfsupport@msf-usa.org](mailto:msfsupport@msf-usa.org) 949 727-3227 x 3158  
Monday – Friday 7:30 am – 3:30 pm Pacific Time  
Closed weekends and major holidays