

Balance Dynamics Motorcycle Training Center
 Registration: BRC RRBRC BRC2/ERC TCARC

First Name		Last Name		E-mail	
Address		City	State	Zip Code	County
Date of Birth	Age	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Phone	Occupation	Driver License/Temp #
Is there a medical reason, mental or physical disability, handicap or any issue that may affect progress in the course? Initial Yes _____ No _____ If yes, please explain _____					

I understand that if I become a risk to myself or others on the range or if I cause a behavior or discipline problem during the course, the Instructor(s) must dismiss me. Should I be dismissed, I am not eligible for a refund and must re-enroll and pay tuition should I wish to repeat the course later. A behavior or discipline problem is defined as any action which could result in me or another person being put at risk and/or causing a distraction which reduces learning for others.

WAIVER AND RELEASE OF LIABILITY

In consideration of **Balance Dynamics Motorcycle Training Center**; furnishing services and/or equipment to enable me to participate in the Motorcycle Rider Education Class, 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 Motorcycle Rider Education Class 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 **Balance Dynamics Motorcycle Training Center** the negligence of the participants, the negligence of others, accidents, 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 **Balance Dynamics Motorcycle Training Center** or by 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.
 Initial _____

I, on behalf of myself, my personal representatives and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify **Balance Dynamics Motorcycle Training Center**; 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 Class activities. 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 **Balance Dynamics Motorcycle Training Center**; and its owners, agents, officers or employees.
 Initial _____

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE; Balance Dynamics Motorcycle Training Center; FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

PARTICIPANT NAME (PLEASE PRINT)	PARTICIPANT SIGNATURE X	DATE
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If you are 16-17 years old, you and your parent or legal guardian must sign this section in the presence of the course instructor

PARENT OR LEGAL GUARDIAN SIGNATURE X	RELATIONSHIP	DATE
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OR – this section must be signed by a parent or legal guardian, the student, and notarized prior to class.

County of _____	State of Kentucky
The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by	
X _____ STUDENT	and X _____ PARENT OR LEGAL GUARDIAN
My commission expires _____, 20_____	X _____ NOTARY PUBLIC

For Official Use Only

K-Test Score _____ %	S-Test Score _____ (# points missed)	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Dropped <input type="checkbox"/>	Dismissed <input type="checkbox"/>
MSF Number _____	KMREP Number _____				