

MOPED RIDER EDUCATION COURSE WAIVER FORM

This form must be completed, signed, and given to your instructor prior to beginning your on-moped instruction.

Participants under the age of 18 years must have the signed approval of a parent or legal guardian to enroll in this moped rider education course.

NAME: _____
(first) (middle) (last)

ADDRESS: _____

PHONE: () _____ DATE OF BIRTH: _____

RELEASE, WAIVER AND INDEMNIFICATION

The undersigned participant and his/her 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:

To release the Bill Dalton & LeMars Community School its members,
(sponsor's name)

employees, agents, representatives and those governmental agencies and other organizations affiliated with this course 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 moped rider education course referred to above, it being specifically understood that said program includes the operation and use by the undersigned participant and others of mopeds. The undersigned further agrees to indemnify the Bill Dalton & LeMars Community School
(sponsor's name)

its employees, members, agents, representatives and those governmental agencies and other organizations affiliated with this program, and hold them 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 program. This indemnification shall include attorneys' 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.

(Signature of Participant) (Date)

(Signature of parent or legal guardian if participant under the age of 18 years.) (Relationship)

Full Name (First) _____ Middle: _____ Last Name: _____

Date of birth: _____

Address _____ City _____ State _____ Zip Code _____

Phone _____

Full Name (First) _____ Middle: _____ Last Name: _____

Date of birth: _____

Address _____ City _____ State _____ Zip Code _____

Phone _____

Full Name (First) _____ Middle: _____ Last Name: _____

Date of birth: _____

Address _____ City _____ State _____ Zip Code _____

Phone _____

Full Name (First) _____ Middle: _____ Last Name: _____

Date of birth: _____

Address _____ City _____ State _____ Zip Code _____

Phone _____

Full Name (First) _____ Middle: _____ Last Name: _____

Date of birth: _____

Address _____ City _____ State _____ Zip Code _____

Phone _____

Full Name (First) _____ Middle: _____ Last Name: _____

Date of birth: _____

Address _____ City _____ State _____ Zip Code _____

Phone _____

Full Name (First) _____ Middle: _____ Last Name: _____

Date of birth: _____

Address _____ City _____ State _____ Zip Code _____

Phone _____