Release and Indemnification Agreement for Minors to enroll and participate in the CCRI Motorcycle Safety Program

Student Name: (Please Print)
I am the parent/guardian of the above-named student who is under eighteen (18) years of age, and I am fully competent to sign this Agreement.
I hereby give permission for the above-named student to participate in the motorcycle program at the Community College of Rhode Island. I acknowledge that the nature of this program may expose this student to hazards or risks that could result in his/her illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.
In consideration of the above-named student being permitted to participate in this program, I hereby accept all risk to this student's health and of his/her injury or death that may result from such participation, and I hereby release, indemnify and hold harmless the Community College of Rhode Island, its governing board, the Rhode Island Board of Governors for Higher Education, and their members, officers, agents, representatives, and employees from any and all liability to the above-named student, his/her personal representatives, estate, heirs, parents, next of kin, and assigns for any and all claims and causes of action for loss of or damage to the above-named student's property and for any and all, illness or injury to this student's person, including death, or any damage or claim of any nature whatsoever arising out of or in any way related to the above-named student's participation in this program at the Community College of Rhode Island, whether caused by the negligence of the Community College of Rhode Island, its governing board, the Rhode Island Board of Governors for Higher Education, their members, officers, agents, representatives, or employes.
I further agree to indemnify and hold harmless the Community College of Rhode Island, its governing board, the Rhode Island Board of Governors for Higher Education, and their members, officers, agents, representatives, and employees from any and all liability for the injury or death of any person(s) and damage to property that may result from the above-named student's negligent or intentional act or omission while participating in this program at the Community College of Rhode Island.
I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR THIS STUDENT'S INJURY OR DEATH OR DAMAGE TO THIS STUDENT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THIS PROGRAM AND THAT IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY THIS STUDENT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.
Parent/Guardian Name: (Please Print) Date:
Parent/Guardian Signature:(Sign Here)
Parent/Guardian Address: (Please Print)
STATE OF RHODE ISLAND
COUNTY OF
On this day of, 20, before me personally appeared, to me known and known by me to be the person
executing the foregoing instrument, and he/she acknowledged said instrument by him/her executed to be his/her free act and deed,
Notary Public

Print Name:

My Commission Expires:

7	Division of
4	WORKFORCE PARI NERSHIPS
	Transportation Education

For Office Use Only

CCRI ID#

Registration Form for Motorcycle Safety Courses

ALL MAILED REGISTRATIONS must be sent to: 1762 Louisquisset Pike, Lincoln, RI 02865 Attn: RI Rider Education Program CCRI, Transportation Education Phone: 401-825-1214

	Room #		Range		Range
	Time				
	Date				
.: -:	Day				
Location:		Lecture 1	Range 1	Lecture 2	Range 2
• • •	•••	•••	•••	••	•



Previous/Maiden Name (If Applicable)

Zip

State

City

Street Address

Date of Birth (mm/dd/yyyy)

Date

Initials

Term

Legal Name (Last, First, Middle)

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I am paying by (Check One):

Money Order

---- For ARC & BRC II Only: To participate in ARC or BRC II, students must have a valid motorcycle license and insurance.

Insurance Policy Number

Course Title

Course ID #

Insurance Company Name

E-mail Address

Cell Number

Home Telephone Number

Expiration Date (mm/dd/yyyy)

Fee

Optional: The following information helps us comply with federal statistical requirements only and will not, in any way, impact an enrollment decision. Federal regulations require colleges to report enrollment data by racial, ethnic and gender categories. Course title	oly and will not, in any way, impact an ethnic and gender categories. Course title
Gender: Male Ethnicity: Not Hispanic Race: American Indian or Native American	an 🔲 Native Hawaiian or Pacific Islander
Female Hispanic or Latino Asian	White
Black or	(You may check more than one race.)
Note: Community College of Rhode Island is a state-supported agency; therefore, tuition and fees are subject to change at any time. For the state is the state of registration. Make checks payable to community College of Rhode Island. All cash payme must be made at the time of registration in any course or activity (credit or non-credit) will NOT take place unless all moner.	fees are subject to change at any time. F College of Rhode Island. All cash payme redit) will NOT take place unless all moner

Pay-ents tary obligations to the College are fulfilled. You must reregister for another class if you miss or are late to the first class. Refund Policy: Students must provide a minimum of 48-hours' notice prior to the start of a course in order to be eligible for a refund. Without proper notice or documented medical excuse, students will be required to re-register and pay. No partial refunds of tuition are made under any circumstances. Students are eligible for a refund in full if the course has been cancelled by CCRI.

I hereby release Community College of Rhode Island and any employees of CCRI from any and all liability arising from bodily injury or damages arising out of my participation in the Motorcycle Rider's Safety Course.

Driver's License #	
Student Signature	