

Connecticut Rider Education Program Waiver and Release of Liability-Adults

Return this form to Continuing Education Motorcycle Registration, Manchester Community College, Great Path, M.S. #16, P.O. Box 1046, Manchester, CT 06045-1046

- **Acknowledgement of Potentially Dangerous Activity**

I understand and am aware that participation in the motorcycle rider education course sponsored by the State of Connecticut is a potentially hazardous activity. I also understand that this participation involves a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and/or machinery with knowledge of the dangers involved. Examples of the inherent risks involved are: I may forget how to brake or otherwise slow or stop the bike when I need to; I may accelerate without intending to; the bike may fall on me or otherwise strike me; another participant or his/her bike may hit me; I may panic and not do what I was instructed to do.

These risks and dangers may result due to no one's negligence or be caused by my own actions or the actions of other participants. It is further acknowledged that there may be risks and dangers not known to us or that are not reasonably foreseeable at this time.

(Participant, initial _____)

- **Personal Responsibility**

I am voluntarily participating in the motorcycle rider education course. I agree to use due care and common sense when participating in this course and performing these activities, including not participating while under any impairment which would interfere with my physical or mental abilities. I agree to let the instructor/person in charge know if I see or feel that something is dangerous or that I am not able to safely do something. While an instructor may encourage me to attempt an activity, I understand that I am best able to judge whether I can do it safely. I should refuse to do an activity if I feel I cannot do it safely, even if it means that I cannot complete the course and will not receive reimbursement of the registration fee. The program strongly suggests that I obtain my own private insurance to cover any injuries I may sustain.

(Participant, initial _____)

- **Release of Liability**

In addition to the risks and dangers of injury inherent to this activity, there is also a risk and danger that may be caused by the negligence of others, including that of the releasees. I waive any and all liability for and cause of action for personal injury, property damage or wrongful death arising from my participation in this activity, including for claims of negligence, including the negligence, if any, of releasees.

"Releasees" include the State of Connecticut, the Department of Transportation, the Motorcycle Safety Foundation, the host college, the course instructor, and all of these entities' officers, agents, employees, representatives, executors or their successors. I hereby release and agree that I will not sue the releasees for any and all damage or injury to me or to my property. (Participant, initial _____)

- **Release of Liability II**

I understand and assume the risks arising from participation in the motorcycle rider education course and understand that included within the scope of this waiver and release is any cause of action arising from the performance, or failure to perform maintenance, inspection, supervision or control of said areas/activities and for the failure to warn of dangerous conditions existing at said facilities, for negligent selection or hiring of anyone connected with the activity, or negligent supervision or instruction by releasees. (Participant, initial _____)

Notice to Participants: Although a fee is charged for this course, it is being offered at low cost and no profit for purposes of promoting safety and enjoyment of riding. This course is fulfilling a community need by offering a program not easily or otherwise available in the private sector or only available at higher cost in the private sector.

I acknowledge that I am 18 years of age or older and that I have read and understand the above paragraphs.

Participant Name	MI	Last Name
Participant Signature		Date