



MOTORCYCLE TRAINING PROGRAM
COURSE REGISTRATION FORM

for
Canada Safety Council M2 Gearing Up® Program

IMPORTANT NOTES: Please PRINT all areas except where signature required
Only one applicant per application
One application required for each course desired
If you have a driver's license your full name (First, Last and Initials) must match that of your license.

FOR OFFICE USE ONLY

Assigned to course # \_\_\_\_\_
Payment received: \_\_\_\_\_
Date: \_\_\_\_\_
Parental consent: \_\_\_\_\_
Waiver signed: \_\_\_\_\_
Card made: \_\_\_\_\_

NAME: \_\_\_\_\_
LAST FIRST INTL

ADDRESS: \_\_\_\_\_
NUMBER STREET

CITY PROVINCE POSTAL CODE

PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ Gender (M or F): \_\_\_\_\_
HOME OFFICE YEAR/MONTH/DAY

E-MAIL: \_\_\_\_\_

In the event of an emergency please identify someone we can contact and an alternative

PRIME CONTACT: Mr./Miss/Mrs. \_\_\_\_\_ PHONE: \_\_\_\_\_

ALTERNATIVE: Mr./Miss/Mrs. \_\_\_\_\_ PHONE: \_\_\_\_\_

PLEASE NOTE: The waiver form (see reverse) must be completed and signed in front of a witness. Application, including waiver, must be returned as a single sheet (2-sided document as original).

To assist us ensuring that you receive training at a level appropriate to your experience, please answer the following questions. (Check the appropriate answer where applicable):

- 1. Can you ride a bicycle? YES \_\_NO \_\_
2. Have you driven a car/truck in traffic situations? YES \_\_NO \_\_ If so how long? (Years/months) \_\_ / \_\_
3. Have previously ridden a motorcycle? YES \_\_NO \_\_ If yes, give amount of experience in years and months for each of the following categories: In traffic \_\_ / \_\_ Off-road \_\_ / \_\_ Other \_\_ / \_\_
4. Do you intend to buy a motorcycle? YES \_\_NO \_\_ If so, when? \_\_\_\_\_
OR Do you own a motorcycle? If so, what make \_\_\_\_\_ and Model \_\_\_\_\_ ?
5. If you are in possession of a valid Driver's License please enter your: License Class \_\_\_\_\_
License Number \_\_\_\_\_ and Province of issue \_\_\_\_\_
6. Do you have any physical or medical condition that could require emergency treatment? YES \_\_ NO \_\_
If so describe \_\_\_\_\_
Will you be carrying medication to treat this condition? YES \_\_ NO \_\_
If the latter answer is yes please advise your instructor of its location when you attend the course.

CANCELLATION NOTE: If you wish to cancel or transfer from one course to another you must do so five (5) working days before the first class. There is a \$40.00 cancellation charge. No refunds or transfers will be given to any students after the official cancellation date. No exceptions.

Date: \_\_\_\_\_ Applicant's signature: \_\_\_\_\_
YEAR/MONTH/DAY

# WAIVER

I, the undersigned (being at the full age of majority), in consideration of the acceptance of my request that:

- (a) I be instructed in motorcycle operation; and
- (b) I participate in the motorcycle training program

agree as follows:

1. To abide by the rules and conditions of the motorcycle training program in force governing the use of facilities, equipment and premises used, owned, rented, licensed or occupied by the motorcycle training program.
2. To pay such fees and charges as required by the motorcycle training program pertaining to my participation and the use of its facilities, equipment and premises.
3. Acknowledge that the motorcycle training program may be hazardous to my person and property, to hereby waive, release and forever discharge the CANADA SAFETY COUNCIL, private and government agencies who support the motorcycle training program, the CORNWALL CHAMBER OF COMMERCE, MPIQC Inc., MTO and all instructional and support staff of the CORNWALL MOTORCYCLE TRAINING PROGRAM from any and all action, causes of actions, claims and demands for, upon or by any reason of any damage, loss or injury to my person or property, howsoever caused, which I, my heirs, executors, administrators, successors and assigns may hereafter have arisen out of my use of the facilities, equipment (including but not limited to, equipment rented or loaned to me by the motorcycle training program) and premises owned, rented, licensed or occupied by the Motorcycle Training Program.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature: \_\_\_\_\_  
APPLICANT SIGNATURE WITNESS SIGNATURE

Address: \_\_\_\_\_  
APPLICANT'S ADDRESS IF NOT IN FRONT WITNESS ADDRESS

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## WAIVER BY PARENTS OR GUARDIANS OF A 'MINOR'

I/We the undersigned, parent(s)/guardian(s) of \_\_\_\_\_ in consideration of the acceptance of my request that:

- (a) the above named minor be instructed in motorcycle operation; and
- (b) the above named minor participate in the motorcycle training program

agree as follows:

1. That the minor will abide by the rules and conditions of the motorcycle training program in force at the time governing participation in the use of facilities, equipment and premises used, owned, rented, licensed or occupied by the motorcycle training program.
2. To pay such fees and charges as required on behalf of the above named minor pertaining to his/her participation and the use of its facilities, equipment and premises of the motorcycle training program.
3. Acknowledge that the use of the facilities, equipment and premises of the motorcycle training program may be hazardous to the person and property of the above named minor, to hereby release, waive and forever discharge the CANADA SAFETY COUNCIL, private and government agencies who support the motorcycle training program, the CORNWALL CHAMBER OF COMMERCE, MPIQC Inc., MTO and all instructional and support staff of the CORNWALL MOTORCYCLE TRAINING PROGRAM from any and all action, causes of actions, claims and demands for, upon or by any reason of any damage, loss or injury to the person or property of the above named minor, howsoever caused, which we may hereafter have arisen out of the use by the above named minor of the facilities, equipment (including but not limited to, equipment rented or loaned to the above named minor by the motorcycle training program) and premises owned, rented, licensed or occupied by the Motorcycle Training Program.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Signature \_\_\_\_\_  
PLEASE PRINT PLEASE SPECIFY PARENT \_\_\_\_\_ OR GUARDIAN \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Signature \_\_\_\_\_  
PLEASE PRINT PLEASE SPECIFY PARENT \_\_\_\_\_ OR GUARDIAN \_\_\_\_\_

Adult Witness's Signature \_\_\_\_\_ Address: \_\_\_\_\_