



RTI WAIVER FORM

EVENT: Motorcycle Rider Training Course (hereinafter, "the Event")

SITE: _____

ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK

I understand, acknowledge, and am aware that the Event is an inherently hazardous and potentially dangerous activity in which, as a participant, I may suffer serious bodily, psychological, physical and neurological injury or death, or cause injury to another's person or property. I am voluntarily participating in the Event with full knowledge of the dangers involved and agree to accept any and all risks of damage, injury or death.

(Initials) _____

RELEASE FROM LIABILITY

I, for myself and my heirs, executors, administrators, successors and assigns, agree to release, hold harmless and keep indemnified Rider Training Institute ("RTI") and the property owner(s) along with their officers, directors, employees, instructors, representatives, agents, successors, administrators and assigns ("collectively, the releasees") from and against all actions, claims, costs and demands in respect of any injury, death, loss of or damage to my person or property, or to anyone else's person or property, howsoever caused, arising out of or in connection with my taking part in the Event and notwithstanding that the same may have been contributed to by the negligence of any of the releasees.

(Initials) _____

I consent to having photographs taken of me during my participation in RTI Events, and to publication of the photographs by RTI for advertising, promotional and marketing purposes and I agree that such photographs are the sole property of RTI.

By my signature below I acknowledge that I have read and understood this Waiver Form. I also acknowledge that RTI has offered to provide me with a full refund of any amounts already paid to it in connection with the Event should I choose not to sign this Waiver Form below.

Print Name: _____

Signature: _____

Date of Signature: _____

Witness to Signature _____

If you are under 18 years of age, a parent or guardian must sign as well, indicating their relationship to you and his or her acceptance of your participation in the Event and acceptance of all of the terms of this Waiver.

Name of Guardian: _____ Relation: _____ Signature: _____

Please state if you have any physical or medical condition that could affect your safety at this course. The possibility of fatigue and exposure to the elements should concern you as well. Please also indicate whom we are to call in case of an emergency:

Condition: _____

In an emergency contact: _____ Phone #: _____