



**ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK AGREEMENT AND WAIVER FORM
PLEASE READ CAREFULLY.**

BY AGREEING TO THE TERMS OF THIS DOCUMENT, YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE

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

ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK AGREEMENT

At all times during the Event my safety remains my sole responsibility and that I will act accordingly.

I understand, acknowledge, and am aware that motorcycle riding and the Event are inherently hazardous and dangerous. 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. *Specifically, the risks include, among other things: cuts and bruises, falling off of equipment, head injuries, muscle and joint sprains and strains, broken or bruised bones, collisions between participants resulting in broken bones and other serious injuries; collisions with nearby walls, obstacles or stationary vehicles; and death.* (Initials) _____

I am a member of the Sikh religion to whom the *Highway Traffic Amendment Act (Helmet Exemption for Sikh Motorcyclists), 2018* applies and I am exercising my right under this exemption not to wear a helmet when riding a motorcycle on a highway and at all times during the Event, even if the Event is not conducted on a highway as defined under the *Highway Traffic Act*. I acknowledge and agree that the releases have no responsibility and obligation to confirm whether this exemption applies to me and such responsibility rests solely with me. I further acknowledge that choosing not to wear a helmet heightens the risks of the injuries described above, including death. After acknowledging those risks, I accept them and still wish to participate in the Event without having to wear a helmet, at all times, whether on highways or private property. (Initials) _____

RELEASE FROM LIABILITY, WAIVER OF CLAIMS, INDEMNITY AGREEMENT

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 liability, actions, claims, costs and demands for 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 conduct, including any negligence, on the part of any of the releasees. Negligence in this context may include, **but is not limited to**, being unaware of a participant's health or abilities or making use of equipment that may malfunction and create additional hazard. (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 document. I also acknowledge RTI's offer 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.

Print Name: _____ Signature: _____

Date of Signature: _____ Witness 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 Acknowledgement and Acceptance of Risk Agreement and Release from Liability, Waiver of Claims, Indemnity Agreement.

Name of Guardian: _____ Relation: _____

Signature: _____

Please state if you have any physical or medical condition or have consumed any alcohol, prescription medicine, non-prescription medicine, or marijuana that could affect your safety in your participation in the training exercises of the Event. 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 #: _____