

LA. DEPT OF PUBLIC SAFETY MOTORCYCLE OPERATOR TRAINING COURSES
Spring 2010 Course Application

1. Select course *type* (check one)

Basic course \$100 **** Basic (LEO)** \$75 Basic course * (using personally owned MC) \$25
Advanced course+ \$25 **** Adv. (LEO)** N/C **Instructor Preparation** \$225

- * **Any motorcycle used in the BASIC course can be no larger than 550cc in displacement.**
- ** **Full time POST certified Law Enforcement Officer (Submit copy of certification)**
- + **Participants must have M/C endorsement and street legal M/C as defined by LA law. (Registered, insured & inspected)**
All students under 18 years of age will require parental permission.

2. Select the course *location & date*. Courses are filled on a first-come, first served basis only. Students will be assigned to a course depending on available space at the time the application is received by the instructor. If all choices are filled you will be contacted for an alternate date choice or your application will be returned. *NOTE: Once a student is assigned to a requested course, submitted fees are NON-REFUNDABLE unless the course has been cancelled by the Louisiana Department of Public Safety. **Choose (✓) a location and date(s) from the schedule.**

Location: **Hammond** **Lk. Charles** **Thibodaux** **Zachary (BR)** **W. Monroe**

Date(s): 1st choice (Loc/date) ____/____/____ 2nd choice ____/____/____ 3rd choice ____/____/____

3. Course fees: MONEY ORDER or cashiers check only payable to the LA DEPT. of PUBLIC SAFETY

4. Name (first) _____ (middle) _____ (last) _____

Address _____ (City) _____ (State) ____ (Zip) _____

Drivers License # _____ (State) ____ (MC endorsement) No Yes

D.O.B. ____/____/____ (Sex) M F Money order # _____

Phone(s) Home _____ (Cell) _____ (Work) _____

Email address(s) #1) _____ #2) _____

Do you currently own a motorcycle? No Yes If yes (Make and model) _____

Do you have any physical or mental condition(s) that would interfere with your ability to operate a m/c safely? Yes No
 If yes, list the condition(s) _____

Bicycle riding skills are mandatory for participation. Can you ride a bicycle? Yes No

Required Equipment, *student supplied:*

M/C Helmet (DOT cert. min. Full face or ¾ recommended) **Eye protection** (ie. faceshield, goggles)
Long sleeves (Jacket or shirt) **Long pants** (sturdy non-flared or baggy)
Gloves (Full fingered, leather, ballistic recom.) **Boots** (Sturdy, over the ankle)

Optional: Rain gear (recommended in the event of rain). Pen or pencil for classroom sessions

5 Request confirmation by: **Email** (List valid email address(s)w/ 500k min available space)
US mail (include a self addressed **STAMPED envelope** for return letter)

6. Signature: _____

I have read and understand in its entirety the information presented here and I affirm that the information that I have submitted is correct and to my satisfaction.

**7. MAIL application & waiver forms with course fees to: Dept of Public Safety P.O. Box 66517-A33
 Baton Rouge, LA 70896**

DPS use only: Course assignment Date _____ Location _____

Louisiana Department of Public Safety and Corrections
Motorcycle Safety, Awareness and Operator Training Program

Motorcycle Operator Training Course
Student Waiver and Release Form

This form must be completed, signed, and given to your instructor before you begin the motorcycle operator-training course. Participants under the age of 18 years must have signed approval of a parent or legal guardian to participate in this motorcycle safety course.

NAME: _____
(First) (Middle) (Last)

HOME ADDRESS: _____
(Street) (City) (State) (Zip)

TELEPHONE NUMBER: (____) _____ DATE OF BIRTH: ____/____/____
Month Date Year

DR. LIC. # _____ STATE _____ SOC.SEC.NO: ____/____/____

Motorcycle endorsement? Yes [] No [] Email: _____

Do you have, as far as you know, any physical or mental condition(s) that would interfere with your ability to operate a motorcycle safely?

Yes _____ No _____ If yes, list the condition(s) _____

RELEASE, WAIVER, AND INDEMNIFICATION

The undersigned participant and his or her parent or legal guardian, if the participant is under the age of 18 years, does (do) hereby execute this release, waiver, and indemnification for himself (herself) (themselves), and his (her) (their) heirs, successors, representatives and assigns; and hereby agree(s) and represent(s) as follows:

To release the Louisiana State Department of Public Safety, its members, employees, agents, representatives, and those governmental agencies and other organizations affiliated with this course from any and all liability, loss, damage, costs, claims, and/or causes of action, including but not limited to all bodily injuries, death and property damage arising out of participation in the motorcycle operator training course referred to above, it being specifically understood that said course includes the operation and use by the undersigned participant and others of motorcycles. The undersigned further agree(s) to indemnify the Louisiana State Department of Public Safety, its employees, members, agents, representatives, and those governmental agencies and other organizations affiliated with this course, and hold them harmless for any liability, loss, damage, cost, claim, judgment, or settlement that may be brought or entered against them as a result of the undersigned's participation in said course. This indemnification shall include attorney's fees incurred in defending against any claim or judgment and incurred in negotiating any settlement. It is understood that the requested information is true and correct, it is agreed that the undersigned shall have the opportunity to consent to any such settlement, provided, however, that such consent shall not be unreasonably, withheld.

Signature of participant * Date _____

*Signature of parent or legal guardian is required if the participant is under the age of 18 years. If the parent/ guardian cannot sign in the instructor's presence, complete the affidavit below.
Relationship _____ Date _____
Telephone (H) _____ (W) _____

Participant birth-date verified by instructor Yes [] No []

Instructor Signature _____ Date _____

*(Registration for minors only when parents are not present) AFFIDAVIT

I, _____ have read the release, waiver, and indemnification statement on this form.
(Parent or legal guardian of student)

I do hereby grant permission for _____, age _____, who is my _____ to enroll and participate in the motorcycle operator-training course as conducted by the Louisiana Department of Public Safety.

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____, 20____.

Notary Public (Type or print)

Address

Notary Public (Signature)

City State Zip Parish