



**IDAHO STAR**  
**MOTORCYCLE SAFETY COURSE WAIVER FORM**

*This form must be completed, signed and given to your Instructor prior to on-cycle instruction.*

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS: \_\_\_\_\_  
Mailing Address

\_\_\_\_\_ City State Zip Code

DRIVER LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**RELEASE, WAIVER AND INDEMNIFICATION**

The undersigned participant and his/her parent or legal guardian (if under the age of 18 years) does hereby execute this release, waiver and indemnification for him/herself and his/her heirs, successors, representatives and assigns; and hereby agrees and represents as follows: To release the Division of Professional-Technical Education, the College of Southern Idaho, the Idaho Board of Education, employees, agents, representatives and those governmental agencies and other organizations affiliated with this course, including but not limited to the Division of Professional-Technical Education, the College of Southern Idaho, the Idaho Board of Education, schools and school districts within the state of Idaho, their members, employees, agents and representatives, from any and all liability, loss, damage, costs, claims, judgment, settlement, and/or causes of action, including but not limited to all bodily injuries and property damage arising out of participation in the motorcycle training course referred to above, it being specifically understood that said course includes the operation and use of motorcycles by the undersigned participant and others. This indemnification shall include attorney's fees incurred in defending against any claim or judgment and incurred in negotiating any settlement.

**I HAVE CAREFULLY READ THIS RELEASE AND UNDERSTAND ITS CONTENTS,  
AND VOLUNTARILY SIGN THE SAME AS MY OWN FREE ACT.**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of parent/guardian if participant is under 18:**

\_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_

*Please complete medical authorization on reverse side if participant is under 18 years of age.  
Forms must be notarized if not signed by parent/guardian in presence of class Instructor.*

Instructor initials:



## Medical Treatment Authorization

In the unlikely event that my child/ward, \_\_\_\_\_ ,  
should become injured during the class of instruction in which he/she is enrolled,  
I hereby authorize medical treatment to be provided as is deemed necessary by  
the attending physician.

If an emergency should occur, I can be reached at:

Emergency Phone Number: \_\_\_\_\_

Signature of Parent/Guardian:

\_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship: \_\_\_\_\_