



Idaho STAR COURSE REGISTRATION & WAIVER

This form must be completed, signed, and submitted to your instructor prior to on-cycle instruction.

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 Career-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 Career-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.

NAME: _____
As it appears on your driver's license First Middle Last

ADDRESS: _____
Where Completion Card will be mailed

_____ City State Zip Code

DRIVER'S LICENSE NUMBER: _____ STATE: _____

DATE OF BIRTH: _____ PHONE: _____

EMAIL: _____

SIGNATURE: _____ DATE: _____

REQUIRED FOR STUDENTS UNDER AGE 18 ONLY

If participant is under 18 years of age, complete medical authorization and sign acknowledgement of waiver.

WAIVER AND MEDICAL TREATMENT AUTHORIZATION FOR MINOR

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

Should an emergency occur, I can be reached at (Emergency Phone Number): _____

Signature of Parent/Guardian: _____ Date: _____

Print Name: _____ Driver's License Number: _____

STOP: NO EXCEPTIONS

Form MUST be notarized if not signed in the presence of STAR staff/Instructor.

Notary Seal Required Signature of Notary: _____

Printed Notary Name: _____ State/County: _____ Date: _____

INST. INITIALS