

LA. DEPT OF PUBLIC SAFETY MOTORCYCLE OPERATOR TRAINING COURSES

Course Registration

1. Select course **TYPE** ^{1,2,3,4} (check one)

- Basic Course (\$100 w/ DPS MC).
 Intermediate³ (\$25 using personal MC).
 Advanced³ (\$25).

- Basic Course^{1, 3} (\$25 (using personal MC).
 Intermediate (\$100 (w/ DPS MC).

- Basic (LEO)² (\$75).
 Intermediate (NC LEO w/MC)².
 Advanced (NC LEO)².

*Instructor Preparation Course (\$225)

1. Motorcycles used in the **BASIC** course can be no larger than **550cc** in displacement.
 2. **Full time POST certified Law Enforcement Officer** (Submit copy of certification)
 3. Participants must have M/C endorsement (except Basic Course) and Street Legal M/C as defined by LA law. (Registered, insured & inspected).
 4. All students under 18 years of age will require parental permission.
- * *Instructor Preparation Course (contact office for dates, details and requirements)*

2. Select Course Location & Date from the <http://www.lsp.org/motorcycle.htm> website

South Louisiana: **Zachary** (BR area), **Gonzales**, **Hammond**, **Lafayette**, **Lake Charles**, **Thibodaux**, **Westwego**

Central Louisiana: **Alexandria**

North Louisiana: **Bossier City**, **West Monroe**

Courses are filled on a first come- first served basis. Assignments are made when received.
Fees are NON-REFUNDABLE unless the course has been cancelled by LA DPS.

1st choice Location _____ Date _____ 2nd Choice Loc. _____ Date _____ 3rd choice Loc. _____ Date _____

3. COURSE FEES: **MONEY ORDER /Cashier's Check ONLY** Payable to: **LA DEPT. of PUBLIC SAFETY** (NO personal checks accepted)

4. NAME (First) _____ (middle initial) _____ (Last) _____

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

Parish _____ Driver's License No. _____ (State) ____ (MC endorsement) Yes No

D.O.B. ____/____/____ (Sex) M F Money Order or cashier's check # _____

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

Email address(s) (Primary) _____ (Alternate) _____

Do you currently own a motorcycle? Yes No If yes (Make) _____ (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 to participate in the riding sessions: (Student Supplied):

M/C Helmet (DOT cert. min. Full face or ¾ recommended)

Eye protection (face-shield, goggles, safety glasses)

Long sleeves (Jacket or shirt)

Long pants (sturdy non-flared or non-baggy)

Gloves (Full fingered. Leather or ballistic nylon recommended)

Boots (Sturdy, over the ankle footwear)

Rain gear (recommended in the event of rain)

Pen, pencil and/or highlighter for classroom sessions

5. Request confirmation by: Email → (List valid email address(s) w/ approx. 500k min available space/ check email filters)
US mail → (include a self-addressed **STAMPED envelope** for a confirmation 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 Registration, Waiver & Course Fee to: **LA Dept. of Public Safety/ MC Safety Program**
1400 W. Irene Rd.
Zachary, LA 70791

DPS use only: Assigned Course Location: _____ Date: _____ Office: 225-658-7255

Comments _____ (Rev 11/2017)

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 submitted with your registration form 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

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

AFFIDAVIT

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

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