## LA. DEPT OF PUBLIC SAFETY MOTORCYCLE OPERATOR TRAINING COURSES

**Course Registration** 

1. Select course <u>TYPE</u> 1,2,3,4 (check Basic Course (\$100 w/ DPS M Intermediate <sup>3</sup> (\$25 using personal	[C). $\square$ Basic Course <sup>1, 3</sup> (	\$25 (using personal MC).	☐ <b>Basic</b> ( <b>LEO</b> ) <sup>2</sup> (\$75). ☐ <b>Intermediate</b> (NC <b>LEO</b> w/MC). <sup>2</sup>
	*Instructor Prepar		Advanced (NC LEO). 2
<ol> <li>Full time POST certified L</li> <li>Participants must have M/C en</li> <li>All students under 18 years</li> </ol>	ASIC course can be no larger that Enforcement Officer (Subm	nan <u>550cc</u> in displacement it copy of certification) and Street Legal M/C as desermission.	fined by LA law. (Registered, insured & inspected).
2. Select Course Location & Dat	te from the http://www.lsp.u	org/motorcycle.htm	website
	), Gonzales, Hammond, Laf	ayette, Lake Charles,	Thibodaux, Westwego
Central Louisiana: Alexandria North Louisiana: Bossier City, We		on a first come- first served basis BLE unless the course has been o	s. Assignments are made when received. Fees are ancelled by LA DPS.
1st choice Location Date	2 <sup>nd</sup> Choice Loc:	Date 3	grd choice Loc: Date
	DER /Cashier's Check NO personal checks accepte	•	: LA DEPT. of PUBLIC SAFETY
<b>4.</b> NAME (First)		,	
Address	(City)	(Stat	e)(Zip)
Parish Dr	iver's License No.	(State)(	MC endorsement) Yes 🗌 No 🗌
D.O.B/	(Sex) M  F  Money	Order or cashier's chec	k#
Phone(s) Cell ()	(Home) ()	(Work	(2)
Email address(s) (Primary)		(Alternate)	
Do you currently own a motorcyc			
Do you have any physical or mental of	condition(s) that would interfer	e with your ability to op	perate a m/c safely? Yes  No
If yes, list the condition(s) Bicycle riding skills are mandatory for	or participation. Can you ride a	bicycle? Yes No	
M/C Helmet	eather or ballistic nylon recommen	Eye protectio Long pants ded) Boots	udent Supplied):  n
			Ok min available space/ check email filters) <b>ED envelope</b> for a confirmation letter)
6. Signature:			
I have read and understand in its entirety the inf	formation presented here and I affirm	n that the information that I	have submitted is correct and to my satisfaction.
7. MAIL Registration, Waiver & Cour	14	blic Safety/ MC Sa 400 W. Irene Rd. achary, LA 70791	afety Program
DPS use only: Assigned Course Location: _		Date:	Office: 225-658-7255
Comments			(Rev 11/2017)

MS3 Rev: November 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:					
7-1	(Middle)	(Last)			
HOME ADDRESS:(Street)	(City)	<u> </u>	(State)	(Zip)	
TEL: () D.o.I			` /	(Zip)	
DR. LIC. #	STATE	Motorcycle endorser	ment? Yes 🗌	No 🗌	
Do you have, as far as you know, an	y physical or mental co	ondition(s) that would	interfere with	your ability to operate	a
motorcycle safely? Yes 🗌 No 🗌	If yes, list condition(s	)			
RE The undersigned participant and his or he release, waiver, and indemnification for hereby agree(s) and represent(s) as follow. To release the Louisiana State Departmen and other organizations affiliated with this limited to all bodily injuries, death and probeing specifically understood that said coundersigned further agree(s) to indemnify those governmental agencies and other or judgment, or settlement that may be brindemnification shall include attorney's feunderstood that the requested information settlement, provided, however, that such	er parent or legal guardian imself (herself) (themselve ws: t of Public Safety, its mem is course from any and all liberty damage arising out course includes the operation the Louisiana State Deparganizations affiliated with the cought or entered against es incurred in defending and is true and correct, it is a	bers, employees, agents, ability, loss, damage, costs of participation in the moto ion and use by the understment of Public Safety, its this course, and hold them them as a result of the igainst any claim or judgm greed that the undersigned asonably, withheld.	the age of 18 yearirs, successors, representatives, as, claims, and/or crcycle operator trigned participant employees, membersigned's participant and incurred it shall have the operator legal guardicates.	representatives and assignand those governmental agrauses of action, including aining course referred to all and others of motorcycle bers, agents, representative iability, loss, damage, cost articipation in said course in negotiating any settleme opportunity to consent to an is required if the participal and is required if the participal and the said assignment is a sequired if the participal and the said assignment is a sequired if the participal and the said assignment is a sequired if the participal and the said assignment is a sequired if the participal and the said assignment is a sequired if the participal and the said assignment is a sequired if the participal and the said assignment is a sequired if the participal and the said as a sequired in the said	encies but not bove, it s. The es, and , claim, e. This ent. It is y such
		presence, complete		ardian cannot sign in the inst w.	irucior s
	Date	Name:		Relationship	
Signature of participant *	Datc	Date		Tel:	
Participant birth-date verified by instructor	Yes No No			Date	
*(Registration for minors only when pare I,	ents are not present) AF	FIDAVIT elease, waiver, and ind	emnification st	atement on this form.	
(Parent or legal guardian of stude	ent)				
I do hereby grant permission for					
participate in the motorcycle operator				t of Public Safety.	
SUBSCRIBED AND SWORN BEF	ORE ME THIS	_ DAY OF	, 20		
Notary Public (Type o	r print)		Address		_
Notary Public (Signatu	ure)	City	State Zip	Parish	