

ALBANY MOTORCYCLE TRAINING

Indemnity Form

In the form: *"Motorcycle Training" means the activity of riding a motorcycle under instruction of a qualified instructor and includes the use of all motorcycles, equipment and services which relate in any way to the activity of Motorcycle Training.

I (the undersigned) wish to obtain the supervision of a qualified instructor from 'Albany Motorcycle Training' and am ready to undertake lessons with the object of obtaining a Motorcycle Licence.

In filling in my details and signing below I acknowledge that :

- I am aware that Motorcycle Training can be a dangerous activity which can involve a degree of risk of physical harm to me.
- I assume all risks for the period of my Motorcycle Training with Albany Motorcycle Training (AMT).
- I am aware that some of my Motorcycle Training will take place in areas utilised by other vehicles and the Instructor/AMT takes no responsibility of the abilities of other drivers.
- I hold a current learners permit issued by the Department of Transport WA (DoT) for the correct class being learnt, of which I will produce on commencement of every lesson.
- I do not currently suffer any medical condition or disability in which may make it unsafe for me to operate a motorcycle.
- If I damage the motorcycle whilst training I am liable to cover the costs of repairs or insurance excess.
- I will not ride the motorcycle whilst under the influence of any alcohol or drugs (prescription and non-prescription) that may affect my ability to ride the motorcycle.
- I will comply with all rules, regulations, procedures, information and instructions made or given by the instructor and Department of Transport (DoT).
- 'Albany Motorcycle Training', it's instructor's and supporting individuals are not responsible for any cost, loss or injury suffered by me during Motorcycle Training.
- I have read and understand everything in this form and all of the information I have supplied is true.

Mr/Mrs/Ms	First Name (Rider)	Surname (Rider)	
of.....	Address (of Rider)	Suburb	Postcode
DOB	Licence Number.....		
Phone (Contact)	Learners Permit Expiry Date		

Next Of Kin Details - Relationship			
Mr/Mrs/Ms	First Name (of Rider's NOK)	Surname (of Rider's NOK)	
of.....	Address (of Rider)	Suburb	Postcode
Phone (Contact)	(2nd Contact).....		

Do you give Albany Motorcycle Training consent to record your lesson for training and safety purposes? YES NO

.....
Signature (of Rider)
Date

ADULT GUARDIAN CONSENT AND INDEMNITY (If the Rider is under 18)

Mr/Mrs/Ms	First Name (Guardian's Name)	Surname (Guardian's Name)	
of.....	Address (of Guardian)	Suburb	Postcode

I request Albany Motorcycle Training to let the Rider to conduct Motorcycle Training and I give my consent to the Rider doing so. I have read and understand this Indemnity form on behalf of the Rider, I make the acknowledgement, enter into the agreements and give the authorisations and promises contained in it. I also agree to personally accept liability for and to indemnify and keep Albany Motorcycle Training indemnified against any claims and costs brought by the Rider against Albany Motorcycle Training or brought against Albany Motorcycle Training which arise out of Rider's negligence or recklessness.

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Signature (of Guardian)
DOB (of Guardian)
Date