

LA. DEPT OF PUBLIC SAFETY MOTORCYCLE OPERATOR TRAINING COURSES

Course Application

1. Select course type (check one)

Basic course \$100 **** Basic (LEO)** \$75 Basic course * (using personally owned MC) \$25
 Advanced course+ \$25 **** Adv. (LEO)** N/C **Instructor Preparation** \$225

- * Any motorcycle used in the **BASIC** course can be no larger than **550cc** in displacement.
- ** Full time **POST certified Law Enforcement Officer** (Submit copy of certification)
- + Participants must have M/C endorsement and street legal M/C as defined by LA law. (Registered, insured & inspected)
 All students under 18 years of age will require parental permission.

2. Select the course location & date. Courses are filled on a first-come, first served basis only. Students will be assigned to a course depending on available space at the time the application is received by the Dept. of Public Safety. If all choices are filled you will be contacted for an alternate date choice or your application will be returned. *NOTE: Once a student is assigned to a requested course, submitted fees are **NON-REFUNDABLE** unless the course has been cancelled by the Louisiana Department of Public Safety. **Choose (✓) a location and date(s) from the schedule.**

Loc: Zachary (BR) Gonzales Hammond Thibodaux
 Lafayette LK. Charles W. Monroe

Date(s): 1st choice (Loc/date) _____/_____/_____ 2nd choice _____/_____/_____ 3rd choice _____/_____/_____

3. Course fees: MONEY ORDER or cashiers check only payable to the LA DEPT. of PUBLIC SAFETY

4. Name (first) _____ (middle) _____ (last) _____
 Address _____ (City) _____ (State) ____ (Zip) _____
 Parish _____ Drivers License No. _____ (State) ____ (MC endorsement) No Yes
 D.O.B. ____/____/____ (Sex) M F Payment No. _____
 Phone(s) Home _____ (Cell) _____ (Work) _____
 Email address(s) 1) _____ 2) _____
 Do you currently own a motorcycle? No Yes If yes (Make and 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, student supplied:
 M/C Helmet (DOT cert. min. Full face or ¾ recommended) **Eye protection** (ie. faceshield, goggles)
 Long sleeves (Jacket or shirt) **Long pants** (sturdy non-flared or baggy)
 Gloves (Full fingered, leather, ballistic recommended) **Boots** (Sturdy, over the ankle)
Optional: Rain gear (recommended in the event of rain). Pen or pencil for classroom sessions

5 Request confirmation by: Email (List valid email address(s)/w/ 500k min available space)
 US mail (include a **self addressed STAMPED envelope** for return 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 application & waiver forms with course fees to: Dept of Public Safety P.O. Box 66517-A33
 Baton Rouge, LA 70896**

DPS use only: Course assignment Date _____ Location _____

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 given to your instructor 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 SOC.SEC.NO: / /

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