

MOTORCYCLING ENTERPRISES' SAFE RIDER, INC.
MOTORCYCLE INSTRUCTION APPLICATION FORM AND RIDER AGREEMENT
 OFFICE: 3611 E. RYAN ROAD, OAK CREEK, WI 53154
 BUSINESS/FAX: (414) 762-3253 CELL: (414) 218-4154 CELL (414) 520-0604
 EMAIL: MCEI@WI.RR.COM WEB: WWW.SAFERIDERTRAINING.COM

TODAY'S DATE ____/____/____

**CLASS: CRYSTAL RIDGE SKI AREA, 7900 CRYSTAL RIDGE DR, FRANKLIN, AND WI 53132
 (1/4 MILE N OF RAWSON & 1/4 MILE W OF 76TH ST)**

1- DATES PREFERRED: 1ST CHOICE _____ 2ND _____

2 RIDER INFORMATION:
 DL# _____ STATE _____ DATE OF BIRTH ____/____/____ E-MAIL _____
 NAME: (LAST) _____ (FIRST) _____ M.I. _____ GENDER M ___ F ___
 HEIGHT _____
 ADDRESS: _____ CITY _____ STATE _____
 ZIP _____
 PHONE: HOME _____ WORK _____ CELL _____ FAX# _____
 EMERGENCY CONTACT _____ RELATIONSHIP _____
 PHONE# _____ CELL: _____
 DO YOU HAVE ANY MEDICAL CONDITIONS OF WHICH THE RIDER COACH SHOULD BE AWARE? _____
CIRCLE REASON: FOR TAKING COURSE: UNDER 18; THIRD TEMPS; FAILED DOT RIDING TEST; POINT REDUCTION

3 CANCELLATION POLICY:
 * IF A STUDENT DROPS OUT OF THE CLASS FOR ANY REASON THERE WILL BE NO REFUND OF HIS/HER TUITION. RESCHEDULING BY A STUDENT WILL BE ADDRESSED ON A CASE-BY-CASE BASIS. IF A STUDENT CANNOT KEEP UP WITH THE CLASS, S/HE WILL BE GIVEN AN OPPORTUNITY TO REPEAT THE CLASS FOR A VERY REDUCED, SLIDING-SCALE, RESCHEDULING FEE AND AT THE CONVENIENCE OF M.E.S.R.
 * NO REFUND WILL BE GIVEN (WHOLE OR IN PART) FOR: A. MISSING ANY PORTION OF THE REQUIRED CLASS ROOM OR RANGE TIME; B. DROPPING OUT OF/OR DISMISSAL FROM CLASS FOR BEING UNABLE TO MEET THE OBJECTIVES OF ANY EXERCISE OR FOR UNSAFE/UNRULY ACTIONS; C. ARRIVING TO THE FIRST RANGE CLASS WITHOUT REQUIRED SAFETY GEAR; D. FAILING WRITTEN AND/OR RIDING TEST; E. CANCELING AFTER 7 DAYS BEFORE SCHEDULED CLASS.

4 STUDENT REQUIREMENTS:
 * SAFETY GEAR REQUIRED: DOT APPROVED HELMET, GLOVES, JACKET OR LONG-SLEEVE SHIRT, LONG PANTS AND OVER THE ANKLE BOOTS. (ALL SKIN MUST BE COVERED.) RAIN GEAR IS STRONGLY RECOMMENDED. ALL OF THIS GEAR IS TO BE PROVIDED BY THE PARTICIPANT AND BROUGHT WITH HIM/HER TO THE FIRST RIDING-RANGE. ONLY DOT APPROVED HELMETS ARE AVAILABLE AT THE RIDING RANGE; A BANDANA OR OTHER HEAD COVERING MUST BE WORN IF USING ONE OF MESR'S HELMETS.
 * A SAFE RIDING ENVIRONMENT IS IMPORTANT TO ALL RIDERS! DISRESPECTFUL AND RECKLESS STUDENTS WILL BE ASKED TO LEAVE THE PROGRAM.

5 PAYMENT INFORMATION:
FULL PAYMENTS ARE DUE AT THE TIME OF CLASS REGISTRATION. \$125.00 IS NON-REFUNDABLE PORTION OF THE FEE UNDER ANY CIRCUMSTANCES. IF M.E.S.R. CANCELS A CLASS, THE ENTIRE FEE IS REFUNDABLE, IF THE STUDENT CANCELS AFTER 7 DAYS PRIOR TO CLASS, THE ENTIRE FEE IS NON-REFUNDABLE.
 TUITION \$ _____ CASH \$ _____ CHECK \$ _____ CREDIT CARD \$ _____
 CREDIT CARD # _____ EXP. _____ 3 DIGITS _____ AMERICAN EXPRESS, VISA, MASTERCARD & DISCOVER CARDS ACCEPTED. PAYMENT PLAN CAN BE ARRANGED _____

ALL INFORMATION PROVIDED ON THIS APPLICATION CONSTITUTES A RIDER AGREEMENT. THE STUDENT SIGNATURE IS REQUIRED UNLESS SUBMITTED ELECTRONICALLY; THE SUBMISSION CONSTITUTES A COMMITMENT. ALL STUDENTS UNDER THE AGE OF 18 MUST HAVE THE CO-SIGNATURE OF A PARENT OR LEGAL GUARDIAN, UNLESS SUBMITTED ELECTRONICALLY, WHICH CONSTITUTES A COMMITMENT. "THIS CONSTITUTES THE ENTIRE AGREEMENT BETWEEN THE SCHOOL AND THE STUDENT AND NO VERBAL STATEMENT OR PROMISES WILL BE RECOGNIZED." (THIS FORM IS REQUIRED BY THE WISCONSIN DOT.)

PLEASE READ THIS ENTIRE AGREEMENT. THIS AGREEMENT WILL ONLY BE VALID UPON PAYMENT AND YOUR SIGNATURE BELOW, UNLESS SUBMITTED ELECTRONICALLY AS STATED ABOVE, INDICATING THAT YOU HAVE READ AND ARE RESPONSIBLE FOR UNDERSTANDING THE INFORMATION IN THIS RIDER AGREEMENT.

STUDENT SIGNATURE _____ DATE _____ PRINT NAME _____
 GUARDIAN SIGNATURE _____ DATE _____ PRINT NAME _____

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WAIVER# _____ STUDENT# _____ COMPLETION CARD# _____ DATE _____

COMPLETED _____

CLASS TRAIL _____