

Hamilton Motorcycle Riding School

Owned by Fischer and Associates Ltd
P.O. Box 9414
HAMILTON NZ

Registration/ Indemnity Form

Personal Information

Surname:..... First Name(s)

Preferred first name:..... D.O.B...../...../19.... Age:.....yrs Gender: M/ F
(circle)

Home Address: Telephone: (0....)(Home)
..... (0...)(Work)
..... (02...)(Mobile)

Postal Address:
(if different from above)

Driver Licence Details

Classes held: (circle) 6L (Motorcycle Learner) 6R (Motorcycle Restricted) 6F (Motorcycle Full) Other ClassL/ R/ F

NZ Driver Licence Number(s): I have held a class 6 licence foryearsmonths

Riding Experience

On-road riding: (circle) *Less than 6 mths* 6 mths to 1 year 1 to 2 years *More than 2 years*

Type of motorcycle: (circle) Power-cycle Scooter M/C up to 150cc M/C 151cc to 250cc M/C 251cc or more

Current Motorcycle Owned (if any)

Make:..... Type:.....(eg Scooter) Model:..... Year: Capacity:.....cc

Rider Tuition previously undertaken

Elementary (date)..... Intermediate (date)..... Advanced (date)..... Other (date).....

Driver Licence Testing

What level of Motorcycle Testing do you require? (circle)

Basic Handling Test (BHST) Restricted Motorcycle Licence (6R) Full Motorcycle Licence (6F) Other.....

Release, Waiver and Indemnity

I agree to ride, at my own risk, the motorcycle provided by the Hamilton Motorcycle Riding School, (*the School*), as operated by Fischer and Associates Ltd. (*the Parent Company*) for the purposes of Driver Licence testing. I agree to indemnify and release *the School, the Parent Company*, directors, instructors, employees, agents, representatives and any other agency or organisation affiliated with *the School* from **any** and **all** liability, loss, damage, costs, fees, claims, judgements and/ or courses of action including but not limited to death, all bodily injuries and property damages arising out of operating the said motorcycle for the express purpose as outlined above.

I further agree to indemnify *the School, the Parent Company*, directors, instructors, employees, agents, representatives and any other agency or organisation affiliated with the School and hold them blameless for any liability, loss, damage, cost, claim, judgement and settlement which may be brought or entered against me as a result of my actions. This includes any legal and/ or solicitors fees incurred in defending against any claim or judgement and encountered in negotiating any settlement.

I agree to pay the prescribed bond and forego the same for any damage sustained to the motorcycle prior to, during and following the said testing.

I / We have carefully read this release, understand its contents and voluntarily sign the same as my / our own free act.

Signed:.....
(Participant)

Date:...../...../20....

Signed:.....
(Parent/ Guardian if participant under 20 years)