



Boy Scouts

ASI ATV *RiderCourse*SM Waiver & Indemnification Agreement

IMPORTANT INFORMATION – YOU MUST READ AND SIGN THIS WAIVER & INDEMNIFICATION PRIOR TO CLASS

ASI ATV *RiderCourse*SM Waiver & Indemnification Agreement

Participation in this course requires physical stamina, motor coordination, and mental alertness. The undersigned hereby attests that he/she has no known physical or mental limitations and has not used any form of alcohol, prescription or non-prescription drugs that could impair his/her performance in this course. Participants under 18 years of age must have this form signed by a parent or guardian.

I. READ CAREFULLY: THIS SECTION IS A LEGAL RELEASE, ASSUMPTION OF RISK, WAIVER AND COVENANT NOT TO SUE AGREEMENT

In consideration of the ATV Safety Institute, the Specialty Vehicle Institute of America, the owner of the training ATV, and the owner of the land upon which training occurs, including all of the aforementioned parties' members, employees, officers, Instructors and/or agents (the "*RiderCourse* Providers"), furnishing services, vehicles, equipment, and/or curriculum to enable me to participate in the ATV *RiderCourse*, I agree as follows:

I fully understand and acknowledge that: (a) there are **DANGERS AND RISKS OF INJURY, DAMAGE, OR DEATH** that exist in my use of ATVs and ATV equipment and my participation in the ATV *RiderCourse* activities; (b) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to, **BODILY INJURY, DISEASE, STRAINS, FRACTURES, PARTIAL OR TOTAL PARALYSIS, OTHER AILMENTS THAT COULD CAUSE SERIOUS DISABILITY, OR DEATH**; (c) these risks and dangers may be caused by the negligence of the *RiderCourse* Providers and/or the negligence of others, including other ATV *RiderCourse* participants, and may arise from foreseeable or unforeseeable causes; and (d) by participating in these activities and/or using the vehicles and equipment, I, on behalf of myself, my personal representatives and my heirs, hereby assume all risks and all responsibility, and agree to release the *RiderCourse* Providers for any injuries, losses and/or damages, including those caused solely or in part by the negligence of the *RiderCourse* Providers or any other person. If I have brought an ATV to use in the ATV *RiderCourse*, I also agree that this release applies to any damage that occurs to the ATV during the ATV *RiderCourse*.

I agree and understand that, on behalf of myself, my personal representatives and my heirs, I am relinquishing any and all rights I now have or may have in the future to sue the *RiderCourse* Providers for any and all injury, damage, or death I may suffer arising from my participation in the ATV *RiderCourse*, including claims based on the *RiderCourse* Providers' negligence.

I HAVE READ THIS RELEASE AGREEMENT AND BY SIGNING BELOW I AGREE IT IS MY INTENTION TO ASSUME ALL RISKS AND RELEASE THE ABOVE-NAMED RIDERCOURSE PROVIDERS FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE AND ARISING FROM MY PARTICIPATION IN THE ATV RIDERCOURSE. I have had the opportunity to ask any questions about the above and I understand its terms and meaning.

II. READ CAREFULLY: THIS SECTION IS AN INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of the ATV Safety Institute, the Specialty Vehicle Institute of America, the owner of the training ATV, and the owner of the land upon which training occurs, including all of the aforementioned parties' members, employees officers, instructors and/or agents (the "*RiderCourse* Providers"), furnishing services, vehicles, equipment, and/or curriculum to enable me to participate in the ATV *RiderCourse*, I agree as follows:

I, on behalf of myself, my personal representatives and my heirs, agree to hold harmless, defend, and indemnify the *RiderCourse* Providers from any and all claims, suits, or causes of action for bodily injury, property damage, or other damages which may arise out of my use of ATVs and ATV equipment or my participation in the ATV *RiderCourse* activities, including claims arising from the *RiderCourse* Providers' or any other party's negligence.

I HAVE READ THIS INDEMNIFICATION AND HOLD HARMLESS AGREEMENT AND BY SIGNING BELOW I AGREE IT IS MY INTENTION TO ACCEPT LEGAL RESPONSIBILITY AND PAY FOR ANY LOSS FOR CLAIMS OR LAWSUITS AGAINST THE ABOVE-NAMED RIDERCOURSE PROVIDERS ARISING FROM MY PARTICIPATION IN THE ATV RIDERCOURSE. I have had the opportunity to ask any questions about the above and I understand its terms and meaning.

THE SIGNATURES ON THE ATTACHED FORMS INDICATE THAT THE PERSONS LISTED HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE ALL-TERRAIN VEHICLE ATV RIDERCOURSE WAIVER & INDEMNIFICATION AGREEMENT.

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CLASS DATE _____ SITE# _____ COUNCIL # _____ STATE _____ # STUDENTS COMPLETED _____

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I have read and agree with the ATV RIDERCOURSE WAIVER & INDEMNIFICATION AGREEMENT. I certify the information entered below is true.	Student Signature: _____	INSTRUCTOR USE ONLY <input type="checkbox"/> Completed <input type="checkbox"/> Training Incomplete
	Last Name: _____ (Please print) First: _____ MI: _____ Date of Birth: ____/____/____ (Required)	
	Address: _____ City: _____ State: _____ ZIP: _____	
	Parent Phone: (____) _____ Parent Email: _____ Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
	Council #: _____ Council Name: _____	

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	Address: _____ City: _____ State: _____ ZIP: _____	
	Parent Phone: (____) _____ Parent Email: _____ Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
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	Parent Phone: (____) _____ Parent Email: _____ Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
	Council #: _____ Council Name: _____	

FAX or Mail this form to ASI by the first Monday following the class date.

I certify that, to the best of my knowledge, the students listed on this report as "Completed", have completed the ATV RiderCourse according to the current standards established by the ATV Safety Institute while riding the correct size vehicle for their age.

INSTRUCTOR SIGNATURE: _____ Instructor ID#: _____ Date: _____

Hrs Worked: _____ Incident (circle one): YES NO (If YES, please include Incident Form)

Fax to (800) 528-9385 or email to RCR@SVIA.ORG. Can also be mailed to ASI, 2 Jenner, Suite 150, Irvine CA 92618.

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Instructor ID # _____ Site# _____ Council # _____

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Last Name: _____ First: _____ MI: _____ Date of Birth: ____/____/____ <small style="margin-left: 100px;">(Please print)</small> <small>(Required)</small>		<input type="checkbox"/> Completed
Address: _____ City: _____ State: _____ ZIP: _____		<input type="checkbox"/> Training Incomplete
Parent Phone: (____) _____ Parent Email: _____ Sex: M <input type="checkbox"/> F <input type="checkbox"/>		
Council #: _____ Council Name: _____		

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Address: _____ City: _____ State: _____ ZIP: _____		<input type="checkbox"/> Training Incomplete
Parent Phone: (____) _____ Parent Email: _____ Sex: M <input type="checkbox"/> F <input type="checkbox"/>		
Council #: _____ Council Name: _____		