



**NASH COMMUNITY COLLEGE CONTINUING EDUCATION
2022 MOTORCYCLE SAFETY TRAINING - BASIC RIDER COURSE (BRC)**

STUDENT HANDOUT

May 7-8 FULL May 20-22 FULL June 11-12 FULL July 16-17	August 13-14 August 27-28 September 10-11 September 23-24	October 8-9 October 22-23 November 5-6 November 19-20	
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REGISTRATION REQUIREMENTS: Preregistration and \$175.00 prepayment are required. **100% ATTENDANCE IS REQUIRED.** This is a self-supporting class. The registration fee is non-refundable.

FOR STUDENTS 16-17 YEARS OLD:

Parents or Legal Guardians are required to read/sign the General Release, Waiver, & Indemnification Agreement in the Continuing Education Office OR have their signature NOTARIZED and return Release/Waiver before the first day of class.

STUDY AHEAD AND COMPLETE! TO PREPARE for successful completion of the Basic Rider Course, go to www.msf-usa.org

(Ecourse test and certification **MUST BE COMPLETED PRIOR TO SATURDAY'S CLASS**)

Click on the **LIBRARY** tab at top right corner.

- (a) Click on Basic Rider Course (picture) and review all sections.
- (b) Additional Links: Quick Tips Reference Materials

Saturday & Sunday:

*****SHOW CERTIFICATION TO INSTRUCTOR TO BE ADMITTED INTO CLASS*****

- DOT approved motorcycle helmet or bring a head covering and use the college's helmet.
- long-sleeved shirt or jacket
- long non-flare denim pants, or material of equivalent or better durability
- full-fingered gloves (preferably leather)
- over-the-ankle footwear
- protective eyewear: eyeglasses or sunglasses
- RAIN GEAR (class will continue if it rains). Heat, cold and rain add to strenuous conditions encountered in this course.
- Classes will meet as scheduled unless the college closes due to severe weather.
- When the college closes, a recorded message will be posted on the main number, 252-443-4011, and our website, www.nashcc.edu Please check these to determine college closings
- For hot weekend forecasts, bring water to stay hydrated
- The college provides a face mask, vinyl gloves, and disinfecting wipes. Students may bring COVID-19 supplies also.

CLASSROOM LOCATIONS

DAY	TIME	BUILDING	ROOM
Monday-Friday	At students progression	Online	Online
Saturday & Sunday	8 am – 6 pm both days	Building E Welding Technology Bldg. on back of NCC's campus, beside the water tower. Bring your DOT approved motorcycle helmet or bring a head covering and use the college's helmet.	5011 The classroom is located inside the welding shop, towards the back right side.



STUDENT REGISTRATION FORM

Class Title _____ Start Date _____ Class Number _____
BIRTH DATE ____/____/____ STUDENT ID or SSN _____ Receipt Number _____
Last Name _____ First Name _____ Middle Name _____
Mailing Address _____ City _____ State _____ Zip _____
County _____ Home Phone _____ Work Phone _____ Cell Phone _____
Email Address _____

Ethnic: • Hispanic/Latino • Non-Hispanic/Latino
Race: • American/Alaska Native • Asian • Black/African American • Hawaiian/Pacific Islander • White
Sex: • Male • Female

Check AFFILIATIONS that apply:

- Paid Firefighter • Corrections/Probation Officer • Telecommunicator - Fire
• Paid Rescue/EMS • Paid Law Enforcement • Telecommunicator - EMS
• Volunteer Firefighter • Human Resources Development (HRD) • Telecommunicator - Law Enforcement
• Volunteer Rescue/EMS • Public School Employee • Other: _____

If affiliated, NAME OF AGENCY YOU ARE WITH: (no abbreviations): _____

_____ (Initial) I give permission to NCC and the NC Community College to release my grades to: NC Dept. of Insurance
Fire/Rescue Commission or NC Criminal Justice Training & Standards/Sheriff Commission/Law Enforcement Agencies.

Employment: • Full-Time • Unemployed-Seeking • Retired
• Part-Time: Hours per week: _____ • Unemployed-Not Seeking

Job Title _____ Employer _____

Education Level:

- Completed High School • OR Highest Grade Completed _____ • Bachelor's Degree
• Adult High School Diploma (AHSD) • 1-Yr Vocational Diploma • Master's Degree or higher
• High School Equivalency (HSE) • Associate Degree

Student Signature _____ Today's Date _____

_____ (Initial) I understand this is a SELF-SUPPORTING CLASS and the Registration Fee is NON-REFUNDABLE.

Registration Fee \$ 175.00 * Do not include credit card information unless you register by mail.

THREE (3) REGISTRATION OPTIONS:

Table with 3 columns: REGISTER AND PAY ONLINE in WebAdvisor, REGISTER BY MAIL, REGISTER IN THE CONTINUING EDUCATION DEPT.

Print Card Holder Name _____ Card Holder Signature _____

Credit Card Number _____

Do not include credit card information unless you register by mail.

Security Number on Back _____ Expiration Date: _____

2.

NASH COMMUNITY COLLEGE CONTINUING EDUCATION
MOTORCYCLE SAFETY TRAINING - BASIC RIDER COURSE (BRC)
STUDENT REGISTRATION & CLASS REQUIREMENTS

FOR STUDENTS 16-17 YEARS OLD: PARENT OR LEGAL GUARDIAN SIGNATURE IS REQUIRED ON THE GENERAL RELEASE, WAIVER, & INDEMNIFICATION AGREEMENT IN THE CONTINUING EDUCATION OFFICE OR HAVE SIGNATURE NOTORIZED.

- Student(s) must be able to ride a bicycle.
- 100% attendance is required on Friday (6 pm-10 pm), Saturday (8 am-6 pm) and Sunday (8 am-6 pm). Students are required to arrive 'on-time' for all three class sessions.
- ** A VALID EMAIL ADDRESS is required to complete the eCourse online.
- **STUDY AHEAD!** to prepare for successful completion of the eCourse and riding proficiency training. Go to www.msf-usa.org and review the Basic Rider Course Handbook and other training resources.
- Student(s) are responsible for determining if they have the basic computer skills needed to complete the eCourse on Friday night. This is a self-supporting class. The registration fee is non-refundable.
- Student(s) are responsible for determining if they are physically able to support a 300-pound motorcycle while straddling it, and have the ability to push the motorcycle for distances up to 120 feet.
- Heat, cold and rain add to strenuous conditions encountered in this course. Classes will meet as scheduled unless the college closes due to severe weather. When the college closes, a recorded message will be posted on the main number, 252-443-4011, and the website, www.nashcc.edu Please check these for college closing notification.
- If the student is unable to pass the eCourse and/or unable to meet the riding skills requirements, he/she will not be allowed to continue the course. This is a self-supporting class. No refund is given if student does not successfully complete any of the three components of the course (eCourse, written test, riding skills proficiency).
- Students will use state-provided motorcycles when taking the Basic Rider Course, unless there are extenuating circumstances that warrant the student using his/her own motorcycle, such as a physical handicap. In such cases, prior approval from the State Director must be obtained.
- Six (6) slots available in each class. Registration based on first come / first serve, preregistration and prepayment.

I HAVE READ AND UNDERSTAND THE CLASS REQUIREMENTS LISTED ABOVE.

PRINT STUDENT NAME _____

STUDENT SIGNATURE _____

REFUNDS: THIS IS A SELF-SUPPORTING CLASS. No refunds are given if the student does not successfully complete any of the three components of the course. (eCourse, written test, riding skills proficiency)

For more information, call 252-451-8216 or email coned@nashcc.edu

NCMSEP - MOTORCYCLE SAFETY COURSE
GENERAL RELEASE, WAIVER, & INDEMNIFICATION AGREEMENT

FOR STUDENTS 16-17 YEARS OLD: Parent/Legal Guardian read and sign in Continuing Education Office OR have signature NOTARIZED

Full Name: _____

Street Address: _____

City, State, Zip _____

Telephone: (____) _____ E-Mail: _____

Driver License No. and State: _____ Birthdate: _____ / _____ / _____
MM DD YYYY

Do you have a motorcycle endorsement on your license? Yes _____ No _____ Do you have a Learner's Permit? _____

Both pages of this form must be completed and signed prior to the first class, and will be collected prior to the first class.

In consideration for The North Carolina Community College System, Lenoir Community College, the Sponsoring Community College, Motorcycle Safety Foundation, Inc. (MSF), the training sponsor, the owner of the training motorcycle and premises upon which training occurs, including each of their affiliates, subsidiaries, members, employees, officers, coaches, instructors, aides, and/or agents (the "Released Parties"), furnishing services, equipment, and/or curriculum, and permitting the undersigned to participate in this Motorcycle Safety Course (the "Course"), **the undersigned participant agrees to all of the following:**

Participation in the Course requires physical stamina, motor coordination, and mental alertness. I hereby attest that I have no known physical or mental limitation and have not used any form of alcohol, prescription drug(s), or non-prescription drug(s) that could impair my performance in the Course. **Participants under 18 years of age must have this form signed by a parent or legal guardian IN PERSON with Con. Ed. Staff at time of registration OR the parent/legal guardian signature must be NOTARIZED on Page 2. Failure to do so will prohibit course participation.**

I fully understand and acknowledge that (a) this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of North Carolina; (b) if any portion of the Agreement is for any reason held invalid or legally unenforceable, then the balance shall, notwithstanding, continue in full force and legal effect; and (c) I have had the opportunity to ask any questions about this Agreement, otherwise I fully understand its terms and meaning.

READ CAREFULLY: THIS IS A GENERAL RELEASE, WAIVER, ASSUMPTION OF RISK & COVENANT NOT TO SUE

I fully understand and agree that: (a) there are **DANGERS AND RISK OF INJURY, DAMAGE, OR DEATH** that exist in my participation in the Course and use of motorcycles and motorcycling equipment ("Motorcycling Activities"); (b) my participation in the Course and Motorcycling Activities may result in injury or illness including, but not limited to **BODILY INJURY, DISEASE, STRAINS, FRACTURES/BREAKS, PARTIAL OR TOTAL PARALYSIS, OTHER AILMENTS THAT COULD CAUSE SERIOUS DISABILITY, AND DEATH**; (c) these risks and dangers may be caused by negligence of Released Parties, other Course participants, or others, and may arise from foreseeable or unforeseeable causes; and (d) by participating in the Course and Motorcycle Activities, **I, on behalf of myself, my personal representatives and my heirs, hereby knowingly and voluntarily assume all risks and all responsibility, and agree to release the Released Parties for any injuries, losses and/or damages**, including those caused solely or in part by negligence of the Released Parties, or any other person. If I have brought a motorcycle or helmet to use in the Course, this Agreement applies to any damage that occurs to or from my motorcycle or helmet during the Course.

I fully understand and agree that, on behalf of myself, my personal representatives, and my heirs, I hereby covenant not to sue, and am relinquishing any and all rights I now have or may have in the future to sue the Released Parties for any and all injury, damage or death, whether known or unknown, that I may suffer arising from the Course, or from motorcycle riding or its equipment, including claims based on the Released Parties' negligence.

I HAVE READ THIS RELEASE AGREEMENT AND BY SIGNING BELOW I AGREE TO THE ABOVE TERMS, AND TO ASSUME ALL RISKS AND RELEASE THE ABOVE-NAMED "RELEASED PARTIES" FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Participant/Student Name (Print)-First, Middle, Last Participant/Student Signature License or ID# and State

Date – MM/DD/YYYY Parent/Legal Guardian Name (Print) Parent/Legal Guardian Signature

Required if Participant is under 18 years of age

Relationship to Participant/Student

Parent/Legal Guardian License or ID# and State

Date – MM/DD/YYYY

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READ CAREFULLY: THIS IS AN INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

2.

In consideration for The North Carolina Community College System, Lenoir Community College, the Sponsoring Community College, Motorcycle Safety Foundation Inc. (MSF), the training sponsor, the owner of the training motorcycle and premises upon which the training occurs, including each of their affiliates, subsidiaries, members, employees, officers, coaches, instructors, aides, and/or agents (the “Released Parties”), furnishing services, equipment, and/or curriculum and permitting the undersigned to participate in this Motorcycle Safety Course (the “Course”), **the undersigned participant agrees to all of the following:**

I, on behalf of myself, my personal representatives and my heirs, agree to hold harmless, defend, and indemnify the Released Parties from any and all claims, suits, or causes of action by any third parties, including Released Parties or other Course participants, for bodily injury, property damage, or other damages that may arise out of my use of motorcycles and motorcycle equipment or my participation in the Course, including claims arising from the negligence of Released Parties, other Course participants, or any other party.

I HAVE READ THIS AGREEMENT AND BY SIGNING BELOW, I AGREE TO THE ABOVE TERMS, AND TO ACCEPT LEGAL RESPONSIBILITY AND PAY FOR ANY LOSS FOR CLAIMS OR LAWSUITS AGAINST THE ABOVE-NAMED RELEASED PARTIES ARISING FROM MY PARTICIPATION IN THE COURSE I HAVE HAD THE OPPORTUNITY TO ASK ANY AND ALL QUESTIONS ABOUT THIS INDEMNIFICATION AND HOLD HARMLESS SECTION, AND I UNDERSTAND ITS TERMS AND MEANING.

Participant/Student Name (Printed)-First, Middle, Last

Participant/Student Signature

License or ID# and State

Date – MM/DD/YYYY

Parent/Legal Guardian Name (Print)

Parent/Legal Guardian Signature

Required if Participant is under 18 years of age

Relationship to Participant/Student

Parent/Legal Guardian License or ID# and State

Date – MM/DD/YYYY

FOR STUDENTS 16-17 YEARS OLD:

**Parent/Legal Guardian is required to read and sign in the Continuing Education Office
OR have their signature notarized here**

G.S § 10B-41 Notarial Certificate for Acknowledgment

_____ County, North Carolina

I certify that (print) _____ personally appeared before me this day, and as the parent/legal guardian, has signed where designated on Page 1, Page 2, and below on this foregoing document.

Parent/Legal Guardian Signature

Date

(Official Seal)

Official Signature of Notary

_____, Notary Public

Notary’s printed or typed name

My commission expires: _____

I signed this notarial certificate on _____ according to the emergency video notarization requirements contained in G.S.10B-25.
Date

Notary Public location during video notarization: _____ County

State the physical location of principal during video notarization: _____ County

Disregard this section unless student has received State Director approval to use their own motorcycle.

**USING YOUR OWN MOTORCYCLE
Motorcycle Insurance Information**

Make of Motorcycle
Insurance Company
Policy Number

I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY DAMAGE TO MY PERSONAL MOTORCYCLE OR EQUIPMENT

**MOTORCYCLE SAFETY FOUNDATION, INC.
COVID- 19 Release of Liability Form**

Waiver and General Release of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death.

The Motorcycle Safety Foundation, Inc. (“MSF”), the training sponsor, the owner of the training motorcycle and premises upon which training occurs, including each of their affiliates, subsidiaries, members, employees, officers, coaches, instructors, aides, and/or agents (the “Released Parties”) cannot prevent you from becoming exposed to, contracting, or spreading COVID-19 while participating in this Motorcycle Safety Course or utilizing the Released Parties’ services or premises (collectively, the “Course”). It is not possible to prevent against the presence of the disease. Therefore, if you choose to participate in the Course, you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself, and for my family members or others who I may expose, in order to participate in the Course. These services are of such value to me that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to participate in the Course.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against the Released Parties in connection with exposure, infection, and/or spread of COVID-19 related to my participation in the Course. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence, and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

OTHER TERMS: I fully understand and agree that (a) this Release is intended to be as broad and inclusive as permitted by the laws of the State in which the Course is conducted; (b) if any portion of this Agreement is for any reason held invalid or legally unenforceable, then the balance shall, notwithstanding, continue in full force and legal effect; and (c) I have had the opportunity to ask any questions about this Agreement and I fully understand its terms and meaning.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS WAIVER AND GENERAL RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature: _____ Date: _____

Name (printed): _____

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Waiver and General Release.

Signature: _____ Date: _____

Name (printed): _____

NASH COMMUNITY COLLEGE CAMPUS MAP

