



NASH COMMUNITY COLLEGE CONTINUING EDUCATION

2021 MOTORCYCLE SAFETY TRAINING - BASIC RIDER COURSE (BRC)

CLASS SCHEDULE & REGISTRATION INFORMATION

March 12-14	April 23-25	July 23-25	October 8-10
March 19-21	April 30 - May 2	August 13-15	October 22-24
March 26-28	May 14-16	August 27-29	November 5-7
April 9-11	May 21-23	September 10-12	November 12-14
April 16-18	June 11-13	September 24-26	

**REGISTRATION REQUIREMENTS:** Preregistration and \$175.00 prepayment are required. This is a self-supporting class. The registration fee is non-refundable.

**FOR STUDENTS 16-17 YEARS OLD:**

Parent or Legal Guardian is 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.

REGISTER IN THE CONTINUING EDUCATION DEPARTMENT, located on the 2<sup>nd</sup> Floor of the Continuing Education Building. Registration Hours: Monday – Thursday 8 am – 4:30 pm; Friday, 8 am – 12:30 pm.

FAX forms to 252-451-8451. Include credit/debit card information. Visa, MasterCard, Discover and American Express are accepted.

EMAIL forms to [coned@nashcc.edu](mailto:coned@nashcc.edu). Include credit/debit card information.

MAIL forms to Nash Community College Continuing Education P O Box 7488, Rocky Mount, NC 27804 Include credit/debit card information, check, or money order.

**100% ATTENDANCE IS REQUIRED.**

STUDY AHEAD! **TO PREPARE** for successful completion of the Basic Rider Course, go to [www.msf-usa.org](http://www.msf-usa.org) (You do not need to take the eCourse test online prior to attending class on Friday night).

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

**WEAR OR BRING THESE:**

- The college provides a face mask, vinyl gloves, and disinfecting wipes. Students may bring COVID-19 supplies also.
- Bring your own earbuds or headphones on Friday night.
- Bring your own DOT approved motorcycle helmet on Saturday & Sunday.
- The textbook is provided. Bring pen, paper, and a highlighter every session

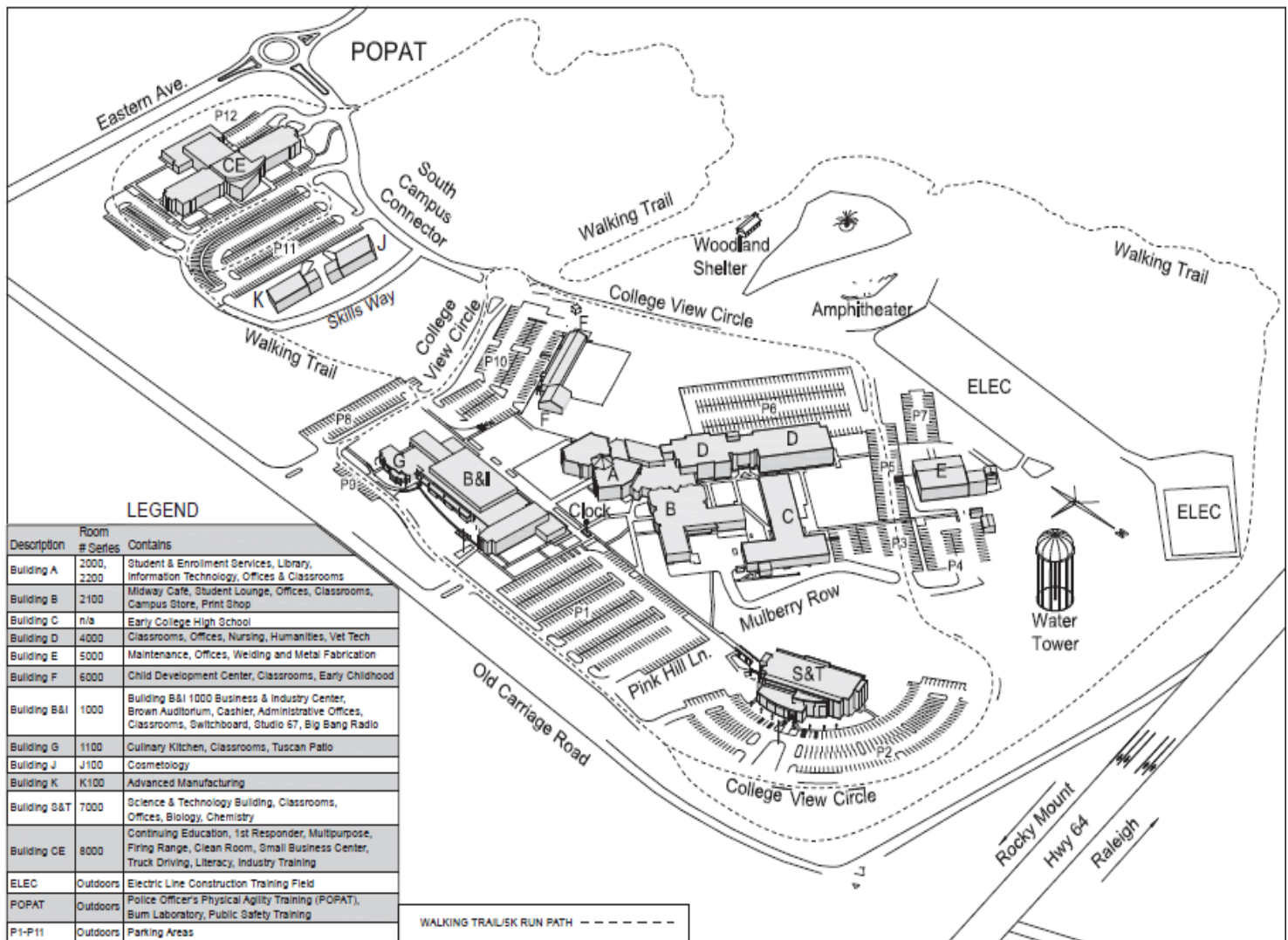
**Wear or bring these on Saturday & Sunday:**

- long-sleeved shirt or jacket
- over-the-ankle footwear
- long non-flare denim pants, or material of equivalent or better durability
- full-fingered gloves (preferably leather)
- 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](http://www.nashcc.edu) Please check these to determine college closings
- For hot weekend forecasts, bring water to stay hydrated

# NASH COMMUNITY COLLEGE

## BASIC RIDER COURSE CLASSROOM LOCATIONS & CAMPUS MAP

DAY	TIME	BUILDING	ROOM
Friday	6 pm-10 pm	<b>Continuing Education Building.</b> (CE on Campus map) First class session on Friday night is online with an Instructor. Bring your own earbuds or headphones.	8244 (2 <sup>nd</sup> Floor) Computer Lab
Saturday & Sunday	8 am – 6 pm both days	<b>Building E</b> Welding Technology Bldg. on back of NCC's campus, beside the water tower.	5011 The classroom is located inside the welding shop, towards the back right side.





NASH COMMUNITY COLLEGE CONTINUING EDUCATION

P. O. Box 7488 • Rocky Mount, NC 27804-0488 Office 252-451-8216 • Fax 252-451-8451

See Page 2. →

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.

Cash  Check  Visa  Mastercard  Discover  American Express

Registration Fee Amt \$ 175.00

Print Card Holder Name \_\_\_\_\_ Card Holder Signature \_\_\_\_\_

Nash Community College does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities. The following has been designated to handle inquiries regarding the non-discrimination policies: ADA Counselor • 522 N Old Carriage Road • Rocky Mount, NC 27804 • 252-451-8260. For further information on notice of non-discrimination see, http://wcdrobcolp01.ed.gov/CFAPPS/OCR/contactus.cfm for a list of addresses and phone numbers for Office for Civil Rights locations that serve your area, or call 1-800-421-3481. Nash Community College is an Equal Opportunity Affirmative Action College and accommodates the needs of individuals with disabilities.

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Credit Card Number \_\_\_\_\_

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 IS REQUIRED TO READ/SIGN THE GENERAL RELEASE, WAIVER, & INDEMNIFICATION AGREEMENT IN THE CONTINUING EDUCATION OFFICE OR HAVE THEIR 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](http://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](http://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 [jwfooster284@nashcc.edu](mailto:jwfooster284@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



**READ CAREFULLY: THIS IS AN INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

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.

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 THAT MAY OCCUR AS A RESULT OF MY PARTICIPATION IN A MOTORCYCLE SAFETY COURSE.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**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): \_\_\_\_\_