

WAIVER
City of Oklahoma City

In consideration of the City of Oklahoma City and the Oklahoma City Police Department allowing me to participate in the Motorcycle Safety Class on _____, provided by the City and the OCPD at the Police/Fire Training Facility located at 800 N. Portland Ave., I expressly agree and contract, on behalf of myself, my heirs, executors, administrators, successors and assigns, that the City and/or OCPD, shall not be liable for any damages arising from personal injuries (including death) sustained by me, in, on, or about the premises or the driving track, or as a result of the use of the facility or motorcycle, regardless of whether such injuries result, in whole or in part, from the negligence of the City or OCPD.

By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me, and I hereby fully and forever release and discharge the City, its employees, officers, directors, and associates, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out of my participation in the Motorcycle Safety Class.

I expressly agree to indemnify and hold the City harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by me.

I agree to comply with all rules imposed by the City regarding my participation in the Motorcycle Safety Class. I agree to conduct myself in a controlled and reasonable manner at all times, and to refrain from using any equipment in a manner inconsistent with its intended design and purpose. I understand and acknowledge that the use of a motorcycle involves risk of serious injury, including permanent disability and death.

I HAVE READ THE FOREGOING WAIVER AND RELEASE OF LIABILITY AND VOLUNTARILY EXECUTED THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT.

Date: _____

Participant Printed Name

Participant Signature

Parent/Guardian Signature if Participant is a Minor