LA. DEPT OF PUBLIC SAFETY MOTORCYCLE OPERATOR TRAINING COURSES

Course Registration

1. Select course *TYPE* [1,2,3,4] *(check one)*

- ☐ **Basic Course ($100 w/ DPS MC).**
- ☐ **Intermediate**[3] **($25** *using personal MC*).
- ☐ **Advanced** [3] **($25)**
- ☐ **Basic Course**[1, 3]**($25** *(using personal MC).*
- ☐ **Intermediate ($100** (w/ DPS MC).
- ☐ ***Instructor Preparation Course** ($225)*
- ☐ ***Basic (LEO)*** [2] *($75).*
- ☐ ***Intermediate*** (NC ***LEO*** *w/MC).* [2]
- ☐ ***Advanced*** (NC ***LEO*).** [2]

1. **Motorcycles used in the BASIC course can be no larger than 550cc in displacement.**
2. **Full time POST certified Law Enforcement Officer** *(Submit copy of certification)*
3. ***Participants must have M/C endorsement (except Basic Course) and Street Legal M/C as defined by LA law. (Registered, insured & inspected).***
4. **All students under 18 years of age will require parental permission.**

* ***Instructor Preparation Course (contact office for dates, details and requirements)***

2. Select Course Location & Date from the http://www.lsp.org/motorcycle.html website

South Louisiana: **Zachary** (BR area), **Gonzales, Hammond, Lafayette, Lake Charles, Thibodaux or Westwego**
Central Louisiana: **Alexandria** ***North Louisiana:*** **Bossier City or West Monroe**

Courses are filled on a first come- first served basis. Assignments including specific course dates & times are made when received. **Fees are NON-REFUNDABLE** unless the course has been cancelled by LA DPS. * **NOTE: Assigned course completion times may vary due to course circumstances.**
ALL PARTICIPANTS SHALL adhere to current Covid-19 restrictions (MASKS & SOCIAL DISTANCING REQUIRED)

1st Choice - 1st Choice - Date 2nd Choice Date 3rd Choice Date

3. COURSE FEES: MONEY ORDER /Cashier's Check **ONLY** payable to: ***LA DEPT. of PUBLIC SAFETY***
(***NO*** *personal checks accepted*)

4. NAME (First) _____ (middle initial) ____ (Last) _____

Address _____ (City) _____ (State) _____ (Zip) _____

Parish _____ Driver's License No. _____ (State) ___ (*MC endorsement*) Yes ☐ No ☐

D.O.B. _____ (Sex) M ☐ F ☐ Money Order or cashier's check # _____

Phone(s) Cell (____) _____ (Home) (_____) _____ (Work) (____) _____

Email address(s) (**Primary**) _____ (*Alternate*) _____

Do you currently own a motorcycle? **Yes** ☐ **No** ☐ If yes (Make) _____ (Model) _____

Do you have any physical or mental condition(s) that would interfere with your ability to operate a m/c safely? Yes[1] ☐ No ☐

[1] If yes, list the condition(s) _____

Bicycle riding skills are mandatory for participation.* **Can you ride a bicycle?* **Yes ☐ **No** ☐

Required Equipment to participate in the riding sessions: *(Student Supplied)*:

M/C Helmet	☐ (DOT cert. min. Full face or ¾ recommended)	**Eye protection**	☐ (face-shield, goggles, safety glasses)
Long sleeves	☐ (Jacket or shirt)	**Long pants**	☐ (sturdy non-flared or non-baggy)
Gloves	☐ (Full fingered. Leather or ballistic nylon recommended)	**Boots**	☐ (Sturdy, over the ankle footwear)

Rain gear (recommended in the event of rain) Pen, pencil and/or highlighter for classroom sessions

5. Request confirmation by: **Email** → ☐ (List valid email address(s) w/ approx. 500k min available space/ check email filters)
US mail → ☐ (include a **self-addressed STAMPED envelope** for a confirmation letter)

6. *Signature*: _____

I have read and understand in its entirety the information presented here and I affirm that the information that I have submitted is correct and to my satisfaction.

7. MAIL *Registration, Waiver & Course Fee* **to:**

DPS use only: Assigned Course
Location: _____ **Date:** _____

LA Dept. of Public Safety/ MC Safety Program
1400 W. Irene Rd.
Zachary, LA 70791

Office Phone: 225-658-7255

(Rev 12/2020)

MS3 Rev: November 2017

Louisiana Department of Public Safety and Corrections
Motorcycle Safety, Awareness and Operator Training Program

Motorcycle Operator Training Course
Student Waiver and Release Form

This form must be completed, signed, and submitted with your registration form before you begin the motorcycle operator-training course. *Participants under the age of 18 years must have signed approval of a parent or legal guardian to participate in this motorcycle safety course.*

NAME: _____
(First) (Middle) (Last)

HOME ADDRESS: _____
(Street) (City) (State) (Zip)

TELEPHONE NUMBER: _____ DATE OF BIRTH: _____
MM/DD/YYYY

DR. LIC. # _____ STATE _____

Motorcycle endorsement? Yes ☐ No ☐ Email: _____

Do you have, as far as you know, any physical or mental condition(s) that would interfere with your ability to operate a motorcycle safely?

Yes_____ No_____ If yes, list the condition(s) _____

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RELEASE, WAIVER, AND INDEMNIFICATION

The undersigned participant and his or her parent or legal guardian, if the participant is under the age of 18 years, does (do) hereby execute this release, waiver, and indemnification for himself (herself) (themselves), and his (her) (their) heirs, successors, representatives and assigns; and hereby agree(s) and represent(s) as follows:
To release the Louisiana State Department of Public Safety, its members, employees, agents, representatives, and those governmental agencies and other organizations affiliated with this course from any and all liability, loss, damage, costs, claims, and/or causes of action, including but not limited to all bodily injuries, death and property damage arising out of participation in the motorcycle operator training course referred to above, it being specifically understood that said course includes the operation and use by the undersigned participant and others of motorcycles. The undersigned further agree(s) to indemnify the Louisiana State Department of Public Safety, its employees, members, agents, representatives, and those governmental agencies and other organizations affiliated with this course, and hold them harmless for any liability, loss, damage, cost, claim, judgment, or settlement that may be brought or entered against them as a result of the undersigned's participation in said course. This indemnification shall include attorney's fees incurred in defending against any claim or judgment and incurred in negotiating any settlement. It is understood that the requested information is true and correct, it is agreed that the undersigned shall have the opportunity to consent to any such settlement, provided, however, that such consent shall not be unreasonably withheld.

_____ **Date** _____
Signature of participant *

*****Signature of parent or legal guardian*** *is required if the participant is under the age of 18 years. If the parent/ guardian cannot sign in the instructor's presence, complete the affidavit below.*
Relationship _____ *Date* _____
Telephone (H) _____ *(W)* _____

Participant birth-date verified by instructor *Yes* ☐ *No* ☐

Instructor Signature _____ *Date* _____

*****(Registration for minors only when parents are not present)*** **AFFIDAVIT**

I, _____ have read the release, waiver, and indemnification statement on this form.
(Parent or legal guardian of student)

I do hereby grant permission for _____, age _____, who is my _____ to enroll and participate in the motorcycle operator-training course as conducted by the Louisiana Department of PublicSafety.

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____, 20____.

_____ _____
Notary Public (Type or print) Address

_____ _____
Notary Public (Signature) City State Zip Parish