

**VIRGINIA  
PENINSULA**  
COMMUNITY COLLEGE  
*Workforce Development Services*  
**Assumption of Risk Form**

I, the undersigned “participant” in the MOTORCYCLE SAFETY Workforce Development training program at Virginia Peninsula Community College, agree that, as a participant in said program, I am responsible for my own behavior and well-being. I accept this condition of participation, and I acknowledge that I have been informed of the general nature of the risks involved in this activity as summarized on the attached course specific document. I agree to abide by the College’s rules and understand that the College reserves the right to discontinue my participation in the Program at any time if I violate these rules or any reasonable program requirement. I further understand that the College may discontinue my participation at any time should I, by my actions or general behavior, in the sole discretion of the College, impede or obstruct the progress of the Program in any way.

I understand that, although the College has made reasonable efforts to assure my safety while participating in the Program, that there are unavoidable risks involved in MOTORCYCLE RIDING. I therefore understand that there is no guarantee that this training program is free of risk of personal injury, property damage or loss as associated in the practice of this MOTORCYCLE RIDING. In exchange for being permitted to participate in the program, I agree to assume the risk for any injury/illness, such as described on the attached course specific document, as well as other injuries which may occur as a result of or arising out of my participation in this training program, due to my supervised use of the equipment described on the attached course specific document in the performance of instructional and skills practice assignments and exercises. I understand that the only exception of the preceding sentence is if injury, loss or damage is due to the negligence of the employees or agents of Virginia Peninsula Community College.

I understand that in the event of accident or injury, personal judgment may be required by College personnel regarding what actions should be taken on my behalf. Nevertheless, I acknowledge that the College personnel may not legally owe me a duty to take any action on my behalf. I also understand that it is my responsibility to secure personal health insurance in advance, if desired, and to take into account my personal health and physical condition. I further agree to abide by any and all specific requests by the College for my safety or the safety of others, especially as described on the attached course specific document as well as any and all of the College’s rules and policies applicable to all activities related to this program. I understand that the College reserves the right to exclude my participation in this program if my participation or behavior is deemed detrimental to the safety or welfare of others.

Moreover, I understand and agree that I will indemnify and hold harmless **Virginia Peninsula Community College**, its Board of Directors, Instructors, Employees, Clinical Affiliates, or hosting facility and that other students shall not be held liable for injury or illness which is incidental to or associated with the preparation for and the participation in these learning activities and which may be sustained.

By my signature below, I certify that I have confirmed that my health care coverage will adequately cover me while participating in the program and hereby agree that I am responsible for any expenses incurred by me for injuries or illnesses (including death) that I may incur because of those injuries or illnesses.

I understand that this Assumption of Risk form will remain in effect during any of my subsequent visits to the College and program-related activities, unless a specific revocation of this document is filed in writing with the Virginia Peninsula Community College Vice President of Workforce Development, at which time my visits to or participation in the program will cease.

I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this agreement, I have the right to consult with the adviser, counselor or attorney of my choice. I agree that, should any provision or aspect of this agreement be found to be unenforceable, that all remaining provisions of the agreement will remain in full force and effect.

I, \_\_\_\_\_, acknowledge that I have read and fully understand this document as well as the attached course specific document. I further acknowledge that I am accepting these personal risks and conditions of my own free will.

\_\_\_\_\_  
Participant’s Signature

\_\_\_\_\_  
VPCC ID# (if known)

\_\_\_\_\_  
Date

Peninsula Workforce Development Center

*Workforce Development Services*

**SPECIFIC POTENTIAL RISKS AND HAZARDS ASSOCIATED WITH  
MOTORCYCLE RIDING AND TRAINING**

Training Program Name: Motorcycle Safety (Two-Wheel Basic/Advanced and Three-Wheel)

Career Field / Job: Personal / Leisure Learning Class (not Career Training)

- 1) These are the general types of work tasks practiced in this particular career field and are required performance exercises assigned to participants in this training program that carry a significant level of personal risk:

*On-motorcycle motor skill development consisting of static or simulated practices, riding exercises and skills evaluations performed on outdoor training range.*

- 2) These are the tools that are used in the practice of this particular career field and are required for use in performance exercises assigned to participants in this training program that carry a significant level of personal risk:

*Motorcycles and motorcycle equipment. Participant signing agrees to wear all necessary safety equipment outlined in course documentation and instruction.*

- 3) These are the general types of illnesses and/or injuries and/or losses to which practitioners in this particular career field as well as participants in this training program may be subject to enhanced risk:

*Bodily Injury, Disease, Strains, Fractures, Partial or Total Paralysis; Other Ailments That Could Cause Serious Disability, Or Death*

With my signature below, I acknowledge, affirm and attest that this document is the “Course Specific Document” referenced in the Virginia Peninsula Community College Assumption of Risk Form, which I also signed. I understand that this document is part and parcel of the Assumption of Risk Form.

\_\_\_\_\_  
Participant’s Signature

\_\_\_\_\_  
VPCC ID#  
(if known)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant’s Name (Printed)

\_\_\_\_\_  
E-Mail Address