

ATV CLASSROOM REGISTRATION FORM

Participant Information

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Address: _____

Phone Number: _____

Email Address: _____

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

ATV Experience Level (Check one)

- Beginner (No prior experience)
 - Intermediate (Some experience)
 - Advanced (Experienced rider)
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Waiver and Release of Liability

By signing this form, I acknowledge that riding an ATV involves risks, including injury or death. I agree to follow all safety instructions provided during the course and release the instructor, course provider, and associated personnel from any liability. I certify that all the above information is accurate to the best of my knowledge.

Signature of Participant: _____

Date: _____

If under 18 years of age, a parent or legal guardian must sign below.

Signature of Parent/Guardian: _____

Date: _____

