



REGISTRATION AND WAIVER PERSONAL

DATA

LAST NAME:		FIRST NAME:			MIDDLE INITIAL:	
STREET ADDRESS				APT.#		
CITY			STATE		ZIP	
DRIVER'S LICENSE NUMBER		**EMERGENCY CONTACT PERSON'S NAME			**EMERGENCY CONTACT PERSON'S NUMBER	
DATE OF BIRTH	AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HOME PHONE NUMBER ()		WORK PHONE NUMBER ()	

The following medical questions are solely for the use of WMST, LLC in case of accident or tester illness while taking the test. The information supplied will be kept in strict confidence.

<p>Are you taking any medication that might hamper your physical acuity such as: <input type="checkbox"/> antihistamines, <input type="checkbox"/> pain medications, <input type="checkbox"/> allergy pills, <input type="checkbox"/> seizure medicines, <input type="checkbox"/> and other _____? (Please include any over-the-counter medicines). If none, please enter NONE or N/A here _____.</p> <p>Do you have any medical condition that may affect or be affected by your participation in testing, such as: <input type="checkbox"/> epilepsy, <input type="checkbox"/> high blood pressure, <input type="checkbox"/> diabetes, <input type="checkbox"/> hypoglycemia, <input type="checkbox"/> heart problems, <input type="checkbox"/> other _____? If none, please enter NONE or N/A here _____.</p>
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RELEASE, WAIVER AND INDEMNIFICATION

The undersigned participant and his/her parent or legal guardian (if under the age of 18 years) does hereby execute this release, waiver and indemnification for him/her self and his/her heirs, successors, representatives and assigns; and hereby agrees and represents as follows:

To release **WMST, LLC**, its members, employees, agents, representatives and those governmental agencies and other organizations affiliated with this test, including but not limited to, the Washington Department Of Licensing, the Motorcycle Safety Foundation, its members, agents and representatives, and the property lessor and owner, from any and all liability, loss, damage, costs, claims and/or Cause of action, including but not limited to all bodily injuries and property damage arising out of participation in the motorcycle skills test referred to above.

The undersigned further agrees to indemnify **WMST, LLC**, its employees, members, agents representatives and those governmental agencies and other organizations affiliated with this test, including but not limited to, the Washington Department Of Licensing, the Motorcycle Safety Foundation, its members, employees, agents and representatives, and the property lessor and owner, and hold them harmless for any liability, loss, damage, cost, claim, judgment or settlement which may be brought or entered against them as a result of the undersigned's participation in said test. This indemnification shall include attorney's fees incurred in defending against any claim or judgment and incurred in negotiating any settlement. It is understood and agreed that the undersigned shall have the opportunity to consent to any such Settlement, provided, however, that such consent shall not be unreasonably withheld.

I have carefully read this release and understand its contents, and voluntarily sign the same as my own free act.

SIGNATURE OF PARTICIPANT X		DATE
SIGNATURE OF PARENT/GUARIAN IF PARTICIPANT IS UNDER 18 X	RELATIONSHIP	DATE
License Plate:	Motor Type: Gas or Electric	Transmission: Manual or Automatic
Motorcycle CC :		