

HARLEY-DAVIDSON® RIDING ACADEMY ACKNOWLEDGEMENTS AND ASSUMPTION OF RISK

I, the undersigned participant (and if participant is under the age of 18 years, his/her parent or legal guardian) hereby agree as follows: I have been given the opportunity to participate in the Harley-Davidson® Riding Academy New Rider Course or the Harley-Davidson Riding Academy Skilled Rider Course (hereinafter, in either case, the "Class"). The Class is a motorcycle instruction and safety course.

I fully understand and acknowledge that operating, and learning to operate, a motorcycle are activities that have their own unique risks, and that serious injury or death could result from participating in the Class through no fault of my own. I understand that these risks may be caused by the negligence or fault of the Class coach(es) or sponsors, or the negligence or fault of me, other Class participants or other persons, or may arise from the repair, maintenance or operation of the motorcycles used in the Class, weather conditions during the time the Class is conducted, or other causes, whether foreseeable or unforeseeable. I am voluntarily participating in the Class. **I EXPRESSLY AGREE TO ASSUME THE ENTIRE RISK OF ANY ACCIDENTS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH, THAT I MIGHT SUFFER AS A RESULT OF MY LEARNING TO OPERATE OR OPERATING A MOTORCYCLE AND OTHERWISE PARTICIPATING IN THE CLASS.**

I acknowledge that participation in the Class requires physical stamina, motor coordination, and mental alertness. I hereby confirm that I have no known physical or mental limitations that might impair my ability to operate a motorcycle and participate in the Class.

I am not at this time under the influence of alcohol, drugs, other illegal substances, or any medications that may impair my judgment or my ability to operate a motorcycle. I agree that I will not operate a motorcycle or otherwise participate in the Class while under the influence of alcohol, drugs, other illegal substances or any such medications.

If I bring my own motorcycle to use in the Class, I acknowledge that I am solely responsible for the motorcycle and for any damage that it may sustain or cause during the Class.

I agree to participate in the Class safely and within the limits of the law and my abilities. I agree to follow the directions of the Class coach(es) at all times during the Class.

I agree to wear at all times while operating a motorcycle during the Class a properly-fitted motorcycle helmet. **I acknowledge that it is my responsibility to determine which helmet size best fits my head, and that the Class coach(es) or sponsor are not responsible for determining my proper helmet size.** Any assistance provided to me in choosing a proper fitting helmet is not a substitute for me determining my proper helmet size by trying on helmets and feeling the fit of the helmet. I acknowledge that the accurate fitting of my motorcycle helmet is of utmost importance. A poorly fitting helmet will give much less protection, or may even part company with my head in the event of an accident. I have fastened my chinstrap and ensured that the helmet does not slip from side to side. I understand that if I bend my head forward to try to remove the helmet with the chinstrap in place, and the helmet moves or slips off my head, I need a smaller size. Helmet linings almost always compress, so a new helmet on first fitting should feel a little tighter than snug. If the Class coach(es) or sponsor has provided me a helmet, I acknowledge that I was provided with the helmet size I requested, and that the helmet fits me properly. If I am using a helmet provided by me or any other person, I acknowledge that the helmet fits me properly.

By signing this document, I certify that I have read this document and fully understand it, that I am not relying on any statements or representations of Harley-Davidson Motor Company, the Motorcycle Safety Foundation or its members, the class sponsor, or any of their respective employees, and that I have been given the opportunity and sufficient time to read and ask questions regarding this document.

Signature: _____ Print Name: _____ Date: _____

Signature of Parent or Guardian (if participant is under the age of 18 years old): _____

Witness _____ Print Name _____ Date _____