

Release and Indemnification Agreement for Minors to enroll and participate in the CCRI
Motorcycle Safety Program

Student Name: (Please Print) _____

I am the parent/guardian of the above-named student who is under eighteen (18) years of age, and I am fully competent to sign this Agreement.

I hereby give permission for the above-named student to participate in the motorcycle program at the Community College of Rhode Island. I acknowledge that the nature of this program may expose this student to hazards or risks that could result in his/her illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of the above-named student being permitted to participate in this program, I hereby accept all risk to this student's health and of his/her injury or death that may result from such participation, and I hereby release, indemnify and hold harmless the Community College of Rhode Island, its governing board, the Rhode Island Board of Governors for Higher Education, and their members, officers, agents, representatives, and employees from any and all liability to the above-named student, his/her personal representatives, estate, heirs, parents, next of kin, and assigns for any and all claims and causes of action for loss of or damage to the above-named student's property and for any and all, illness or injury to this student's person, including death, or any damage or claim of any nature whatsoever arising out of or in any way related to the above-named student's participation in this program at the Community College of Rhode Island, whether caused by the negligence of the Community College of Rhode Island, its governing board, the Rhode Island Board of Governors for Higher Education, their members, officers, agents, representatives, or employees.

I further agree to indemnify and hold harmless the Community College of Rhode Island, its governing board, the Rhode Island Board of Governors for Higher Education, and their members, officers, agents, representatives, and employees from any and all liability for the injury or death of any person(s) and damage to property that may result from the above-named student's negligent or intentional act or omission while participating in this program at the Community College of Rhode Island.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR THIS STUDENT'S INJURY OR DEATH OR DAMAGE TO THIS STUDENT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THIS PROGRAM AND THAT IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY THIS STUDENT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Parent/Guardian Name: (Please Print) _____ Date: _____

Parent/Guardian Signature: _____
(Sign Here)

Parent/Guardian Address: (Please Print) _____

STATE OF RHODE ISLAND
COUNTY OF _____

On this _____ day of _____, 20____, before me personally appeared _____, to me known and known by me to be the person executing the foregoing instrument, and he/she acknowledged said instrument by him/her executed to be his/her free act and deed,

Notary Public

Print Name: _____

My Commission Expires: _____

