



WAIVER OF LIABILITY Motorcycle Operational Skills Test

State Form 55831 (4-15)
INDIANA BUREAU OF MOTOR VEHICLES

INSTRUCTIONS:

1. Complete in blue or black ink or print form.
2. Form must be signed and in the possession of the motorcycle skills test examiner prior to beginning the skills test.
3. An applicant under eighteen (18) years of age must have a parent or guardian sign the waiver of liability statement in the presence of the motorcycle skills test examiner prior to beginning the skills test.

SECTION 1: APPLICANT INFORMATION

Name of Applicant (<i>last, first, middle initial</i>)		Driver's License Number	
Legal Address (<i>number and street</i>)	City	State	ZIP Code

SECTION 2: WAIVER OF LIABILITY

The applicant understands they are taking a motorcycle operational skills test and believes they are qualified to take such test. The applicant agrees to indemnify and hold the Indiana Bureau of Motor Vehicles Commission, the State, the owners of the test site, and the motorcycle examiner harmless for any injury that the applicant or the applicant's motorcycle and equipment, or all, might sustain from any accident during the operational skills test and from all claims and suits including court costs, attorney's fees and other expenses. The State shall not provide such indemnification to the applicant.

Signature of Applicant		Date (<i>mm/dd/yyyy</i>)
Signature of Parent or Guardian (<i>if applicant is under eighteen (18) years of age</i>)	Printed Name	Date (<i>mm/dd/yyyy</i>)

SECTION 3: OPERATIONAL SKILLS TEST EXAMINER AND SITE INFORMATION

Name of Examiner (<i>last, first, middle initial</i>)		Examiner Identification Number	
Examination Site			
Address (<i>number and street</i>)	City	State	ZIP Code