Thank you for your interest in the Connecticut Rider Education Program (CONREP) at NVCC. Motorcycling is one of the most exciting forms of transportation around! Part of the thrill of motorcycling is the knowledge that you are totally responsible for every action taken, from timing each shift to keeping a keen eye out for other motorists. To understand these responsibilities and get the most from your experiences, a Rider Education Course is the place to start. CONREP is a statewide program directed by the Connecticut DOT.

We provide quality motorcycle training for new, intermediate, and experienced riders. The courses we offer include:

**Basic Rider Course (BRC):** designed to teach individuals with little or no riding experience what is involved in operating a motorcycle or scooter safely. The BRC begins with the development of the fundamental skills: straight-line riding, braking, turning, and shifting. It then expands on these basic skills into more advanced street riding techniques. This course consists of 22 hours combined classroom and on-cycle instruction, with periodic breaks. Successful completion of this course fulfills the requirements of the State-approved Basic Rider Course for licensing. On-cycle testing is completed at NVCC as part of this course. The written and vision tests are taken at the DMV. Motorcycles or Scooters and helmets are provided. Participants must have a valid CT driver’s license (a motorcycle learner’s permit is not required to take this course). **Fee: $220**

**Intermediate Rider Course (IRC):** designed for riders with some experience who are currently riding their own motorcycle/scooter. You must have a minimum of 600 street riding miles, or more than 6 months riding experience. Riders will improve skills in braking, cornering, evasive maneuvers, and learn ‘street strategies’ necessary for survival. The course consists of 10.5 hours combined classroom and on-cycle instruction, with periodic breaks. Successful completion of this course fulfills the requirements of the State-approved Intermediate Rider Course for licensing. Participants must have a valid Connecticut motorcycle permit and use their own street legal (no straight pipes) motorcycle or scooter that is registered and insured in the participant’s name. You must ride to class, no hauling bikes/scooters to class on a trailer or truck is permitted (No Exceptions). Bikes will be inspected. You must provide proof of your current motorcycle permit, registration, and insurance card. **Fee: $130**

**Experienced Rider Course (ERC):** Even if you've been riding for some time, there's always something new to learn in this 6.5 hour on-cycle course. Using your own registered, insured, street legal motorcycle/scooter (bike will be inspected) for the ERC, you will have the opportunity to fine tune your riding skills during advanced maneuvers such as stopping in the shortest distance, cornering, swerving, tight turns, and other evasive skills. Riders must provide proof of a valid motorcycle license, current registration and insurance card in the participant’s name. You must have a minimum of 1000 miles, or more than 10 months riding experience. Passengers may participate in the course also.  **Fee: Rider: $100 / Passengers: $20**

**Registration for the 2017 training season is on a first come, first serve basis.**

To register for a course, please complete the following:
- Complete the NVCC and the State of CT registration forms including payment information: check or money order make payable to NVCC. Visa, MasterCard, Discover, AMEX and cash are also accepted.
- Read, initial, and sign the Adult Waiver form. If under 18, please complete the Minor Waiver form and have a parent or legal guardian co-sign.

Please submit completed forms and payment via one of the methods below:
- In person: Non-credit Registration Office in Waterbury, Founders Hall, Room F323, 8:00am - 4:30pm, Monday-Friday or in Danbury at 190 Main Street, Monday-Friday, 8:00am - 4:30pm.
- Mail to: NVCC, Non-Credit Registration, F323, 750 Chase Parkway, Waterbury, CT 06708 (No cash)
- Fax to: 203-575-8277 (credit card only)

Questions? Please call 203-575-8029 or email nc@nv.edu
Please read the following information very carefully:

- **BE ON TIME!** If you are late for any classroom or on-cycle session the instructor is required to turn you away at your own cost. No refund or credit will be issued due to late arrival.

- You must attend and participate in **ALL** sessions, **IN SEQUENCE**. No exceptions will be made. Any absence will require you to register and pay for another course and start from the beginning.

- **Refund Policy:** Requests must be made three **business days** (72 hours) prior to the start date of class to withdraw for a full refund OR to transfer to another section. Requests after this time will not be granted and you will not be eligible for a refund or transfer.

- Bring something to write with (pen or pencil) to the classroom sessions.

- The courses are conducted in **ALL** weather conditions; rain or shine. Come to each session prepared; in addition to required gear, bring rain gear, warm clothes for cold days, water and a snack.

- Come to class in good physical condition and be well rested. You will be expected to sustain moderate physical exertion for a period of up to seven hours. You will also be required to push a motorcycle or scooter. If you have any health issues that we should be aware of please inform the instructor when you arrive at the first session.

- Riding a motorcycle is much more difficult than riding a bicycle or operating a car. It involves a great deal of hand and eye coordination. You must have the ability to balance a two-wheeled vehicle such as a bicycle. If not, PLEASE practice before attending the course.

- On average, about 85% of BRC enrollees are successful. All participants will leave the course with a better understanding of how motorcycles interact with traffic and the environment, and their responsibilities as a rider.

- During the course, you may discover or be told that riding a motorcycle is not for you. For your safety and the safety of others, the instructor may remove you from the course.

- Any unsafe acts will result in immediate dismissal of the student from the course.

- Be aware that operating any vehicle brings with it both responsibility and risk. As with other human endeavors, the possibility of being seriously hurt or killed is always present.

- Review for your course ahead of time at [www.ride4ever.org](http://www.ride4ever.org)

- **Participants of all courses must provide and properly wear the following protective gear:**
  - Helmet must be DOT or Snell approved (one will be provided if needed)
  - Eye protection; face shield, goggles, eyeglasses, or sunglasses
  - Long-sleeved shirt or jacket
  - Long pants (no holes, not ripped or torn) denim or other heavy material (no nylon or sweatpants)
  - Over-the-ankle leather boots with low heels, (must be LEATHER)
  - Full fingered, durable leather gloves, (must be LEATHER, not cloth, rubber, or nylon)

  **No Exceptions/substitutions allowed for protective gear; if unprepared you will be sent home and forfeit your registration fee.**

**Connecticut Rider Education Program Registration Checklist**

- I have completed three (3) forms:
  - NVCC course registration form
  - Connecticut Rider Education Program (CONREP) registration form
  - State of Connecticut Rider Education Program Waiver

- I have selected three (3) possible classes to be enrolled in and have checked these dates against my schedule. I understand that I will be enrolled into one (1) of the three (3) possible classes that I have selected, provided that my selections are available.

- I have enclosed full payment for the class and have read the refund policy.

- I understand that the Office of Lifelong Learning will use the phone number and email on the registration form to contact me to confirm receipt of my registration/waiver forms and that I am responsible to check my voicemail and email and to follow up at 203.575.8029.

- I understand my receipt from the Cashiers Office is the ONLY confirmation I will receive that I have been registered and my payment has been processed. No reminder phone calls will be made.
Connecticut Rider Education Program
Waiver and Release of Liability – Adults

Please read the below statements, initial each paragraph, and sign this form verifying you understand and accept the waiver terms.

1. Acknowledgement of potentially dangerous activity
   I understand and am aware that participation in the motorcycle rider education course sponsored by the State of Connecticut is a potentially hazardous activity. I also understand that this participation involves a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and/or machinery with knowledge of the dangers involved. Examples of the inherent risks involved are: I may forget how to brake or otherwise slow or stop the bike when I need to; I may accelerate without intending to; the bike may fall on me or otherwise strike me; another participant or his/her bike may hit me; I may panic and not do what I was instructed to do. These risks and dangers may result due to no one’s negligence or be caused by my own actions or the actions of other participants. It is further acknowledged that there may be risks and dangers not known to us or that are not reasonably foreseeable at this time.  Participant’s initials: _____

2. Personal Responsibility
   I am voluntarily participating in the motorcycle rider education course. I agree to use due care and common sense when participating in this course and performing these activities, including not participating while under any impairment which would interfere with my physical or mental abilities. I agree to let the instructor/person in charge know if I see or feel that something is dangerous or that I am not able to safely do something. While an instructor may encourage me to attempt an activity, I understand that I am best able to judge whether I can do it safely. I should refuse to do an activity if I feel I cannot do it safely, even if it means that I cannot complete the course and will not receive reimbursement of the registration fee. The program strongly suggests that I obtain my own private insurance to cover any injuries I may sustain.  Participant’s initials: _____

3. Release of Liability
   In addition to the risks and dangers of injury inherent to this activity, there is also a risk and danger that may be caused by the negligence of others, including that of the releasees. I waive any and all liability for and cause of action for personal injury, property damage or wrongful death arising from my participation in this activity, including for claims of negligence, including the negligence, if any, of releasees. "Releasees" include the State of Connecticut, the Department of Transportation, the Motorcycle Safety Foundation, the host college, the course instructor, and all of these entities’ officers, agents, employees, representatives, executors or their successors. I hereby release and agree that I will not sue the releasees for any and all damage or injury to me or to my property.  Participant’s initials: _____

I understand and assume the risks arising from participation in the motorcycle rider education course and understand that included within the scope of this waiver and release is any cause of action arising from the performance, or failure to perform maintenance, inspection, supervision or control of said areas/activities and for the failure to warn of dangerous conditions existing at said facilities, for negligent selection or hiring of anyone connected with the activity, or negligent supervision or instruction by releases.  Participant’s initials: _____

Notice to Participants

Although a fee is charged for this course, it is being offered at low cost and no profit for purposes of promoting safety and enjoyment of riding. This course is fulfilling a community need by offering a program not easily or otherwise available in the private sector or only available at higher cost in the private sector.

I acknowledge that I am 18 years of age or older and that I have read and understand the above paragraphs.

_____________________________  _______________________________  _____________
Participants Signature                  Participants Name (Print Please)                 Date
Connecticut Rider Education Program
Waiver and Release of Liability – Minor

Requires parent/guardian initials and signature:
Student and parent/guardian please read each statement below carefully; student and parent must sign and initial. As parent/legal guardian - by initial each paragraph and signing this form you are verifying that both you and the participant understand and accept the waiver terms.

1. Acknowledgement of potentially dangerous activity
I [and my parent/guardian] understand and am aware that participation in the motorcycle rider education course sponsored by the State of Connecticut is a potentially hazardous activity. I also understand that this participation involves a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and/or machinery with knowledge of the dangers involved. Examples of the inherent risks involved are: I may forget how to brake or otherwise slow or stop the bike when I need to; I may accelerate without intending to; the bike may fall on me or otherwise strike me; another participant or his/her bike may hit me; I may panic and not do what I was instructed to do. These risks and dangers may result due to no one’s negligence or be caused by my own actions or the actions of other participants. It is further acknowledged that there may be risks and dangers not known to us or that are not reasonably foreseeable at this time. Participant’s initials: _____ Parent/Guardian initials: _____

2. Personal Responsibility
I am voluntarily participating in the motorcycle rider education course. I agree to use due care and common sense when participating in this course and performing these activities. I agree to let the instructor/person in charge know if I see or feel that something is dangerous or that I am not able to safely do something. While an instructor may encourage me to attempt an activity, I understand that I am best able to judge whether I can do it safely. I should refuse to do an activity if I feel I cannot do it safely, even if it means that I cannot complete the course and will not receive reimbursement of the registration fee. The program strongly suggests that I obtain my own private insurance to cover any injuries I may sustain. Participant’s initials: _____ Parent / Guardian initials: _____

3. Release of Liability
I waive any and all liability for and cause of action for personal injury, property damage or wrongful death arising from my [or my minor’s] participation in this activity. I hereby release and agree that I will not to sue the releaseses for any and all damage or injury to me [my minor] or to my property. "Releases" include the State of Connecticut, the Department of Transportation, the Motorcycle Safety Foundation, the host college, the course instructor, and all of these entities’ officers, agents, employees, representatives, executors or their successors.
Participant’s initials: _____ Parent / Guardian initials: _____

Notice to Participants
Although a fee is charged for this course, it is being offered at low cost and no profit for purposes of promoting safety and enjoyment of riding. This course is fulfilling a community need by offering a program not easily or otherwise available in the private sector or only available at higher cost in the private sector.

I acknowledge that I am under 18 years of age and my parent/guardian signature is required to take this course. We have both read and understand the above paragraphs.

________________________________________  ____________________________  ________________
Participants Signature                              Participants Name (Print Please)                             Date

________________________________________  ____________________________  ________________
Parent/Guardian Signature                          Parent/Guardian Name (Print Please)                     Date
Non-credit Lifelong Learning Registration Form

STUDENT IDENTIFICATION NUMBER

Social Security Number (required) _____________

Print Name ____________________________________________

Phone (Home) __________________________________________

Street Address __________________________________________

City/State/Zip __________________________________________

Email Address __________________________________________

☐ New address and/or phone #   ☐ New student

Maiden Name (if applicable) ______________________________

Date of Birth (required) _______________ Gender: ☐ Male ☐ Female

Please provide the following race and ethnic data. This information is requested on a VOLUNTARY basis by the U.S. Department of Education, National Center for Education Statistics. Your answer will not affect your registration or admission to the college.

Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino ☐ Prefer not to answer

What is your race? Choose one or more:

☐ White (10) ☐ Black or African American (20)
☐ Asian (45) ☐ American Indian or Alaskan Native (50)
☐ Native Hawaiian or Other Pacific Islander (80)
☐ Other (90) ☐ Choose not to respond (60)

Payment Information:

Credit Card ☐ MC ☐ Visa ☐ Discover ☐ AMEX

Name as it appears on Credit Card: ________________________________

Credit Card Number ____________________________

Expiration Date (required) ___________ Security Code __________

☐ Check ☐ Cash

MOTORCYCLE REGISTRATION - PLEASE ENROLL ME IN ONE OF THESE 3 COURSES.

Enrollment is on a first come, first served basis. Providing 3 possible choices will help ensure entry into a class. You will AUTOMATICALLY be enrolled in your second or third choice if your higher choices are full. Please be sure you can attend on the dates you select! You will be notified by telephone or e-mail as to which course you are enrolled.

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<th>DATES</th>
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Total Cost: _______________________

REFUND POLICY: Requests must be made three business days (72 hours) prior to the start date of class to withdraw for a full refund OR to transfer to another section. Requests after this time will not be granted and you will not be eligible for a refund or transfer.
State of Connecticut Rider Education Program Registration Form

Print Name (as on license) __________________________________________ Date of Birth ___/___/____

Address __________________________________ City __________________ State ______ Zip ______

Sex: M  F  Phone Home (___)__________ Cell (___)__________ Work (___)__________

Email ____________________________________________________________

Training for: Motorcycle ____  Scooter ____

Drivers’ License # __________________________ State ______ Exp. Date ___/___/____

Registering for Intermediate or Experience Motorcycle Course? You must complete this section.
Basic Rider Course Students do NOT need to complete this section

Riding Experience ______(# Years)  Approximate miles per year ______
IRC - Motorcycle Permit # __________________________ State ______ Exp. Date ___/___/____
ERC – License must be endorsed for motorcycle. Endorsement Date: ___/___/____
IRC & ERC - Insurance Company (not agent) __________________________ Policy # __________________________

Registration Form: I certify that the statements made by me on this registration form are complete and true to the
best of my knowledge and belief, and are made in good faith. Participants Initials: ______

Refund Policy: Requests must be made three business days (72 hours) prior to the start date of class to withdraw for a
full refund OR to transfer to another section. Requests after this time will not be granted and you will not be eligible for
a refund or transfer. I am aware that there is ABSOLUTELY NO REFUND if I fail to attend and/or am late for any portion
of the class for which I registered. Participant Initials: ______

Student Notice of Information: I certify that I have read, understand, and will follow all statements in the NVCC
Student Information Notice. Participant Initials: ______

Signature: __________________________________________ Date: ________________

OFFICE USE ONLY

Course #: ______ Course Dates: ___/___/___ to ___/___/____  BRC # ______ IRC # ______ ERC # ______
Date and time confirmation phone call made ___/___/___:___  Left VM ______ Spoke with student ______
Email Correspondence Date: __________________________

Notes: __________________________