



GOLD WING ROAD RIDERS ASSOCIATION



RIDER EDUCATION PROGRAM SANCTIONED PLP COMPLETION CARD TRACKING SHEET

When planning a program in your area, please be sure to take care of any needed insurance requirements. Facilitators must be currently certified GWRRA Facilitators and the PLP must be sanctioned by the Region Educator. Please mail this completed form to your **District/Region Educator** for participant information to be entered into the Rider Education Database. **Note: Members must be in REP Level Program for this information to be recorded.**

Type of Course: Parking Lot Practice

Date: __/__/__

Location: _____

Facilitator 1 _____

Facilitator # _____

Facilitator 2 _____

Facilitator # _____

Name	Drivers License Endorsement Check (Rider Only, Check only)	GWRRA #	City/State
1			
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GOLD WING ROAD RIDERS ASSOCIATION



RIDER EDUCATION PROGRAM Parking Lot Practice Waiver

Agreement and Release of Liability

I, _____ (Print Name)

HEREBY ACKNOWLEDGE: that I have voluntarily applied to the Gold Wing Road Riders Association (hereinafter referred to as GWRRA), for participation in motorcycle/Trike/Sidecar Rig/ Add-on Rig, Parking Lot Practice riding at:

Location: _____
Type of Course: PLP

I AM AWARE THAT MOTORCYCLE/TRIKE/SIDECAR RIG/ADD_ON RIG, RIDING IS HAZARDOUS ACTIVITIES AND I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH THE KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF PERSONAL INJURY, PROPERTY DAMAGE OR DEATH.

Please Initial Here: _____

AS LAWFUL CONSIDERATION, for being permitted by GWRRA, to participate in these activities and use the facilities at:

Location: _____ ,

I hereby agree that I, my heirs, distributees, guardians, legal representatives and assigns will not make a claim against, sue, attach the property of or prosecute GWRRA, or one of its affiliated organizations, employees, agents, officers, directors, shareholders, owners, successors, or assigns, or participants for injury, damages or death resulting from the negligence or other actions or inactions, howsoever caused by any of the above named or the facility where this activity is held, as a result of my participation in motorcycle/Trike/Sidecar Rig/ Add-on Rig activities. In addition, I hereby release and discharge GWRRA, and its affiliated organizations, employees, agents, officers, directors, shareholders, successors or assigns, and participants from all actions, claims or demands, I, my heirs, distributees, guardians, legal representatives, successors or assigns, now have or hereafter have for injury, property damage or death resulting from my participation in motorcycle/Trike/Sidecar Rig/ Add-on Rig activities.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND CONTRACT BETWEEN MYSELF AND GWRRA AND /OR ITS AFFILIATED ORGANIZATIONS, EMPLOYEES, AGENTS, OFFICERS, OWNERS, DIRECTORS, SHAREHOLDERS, SUCCESSORS OR ASSIGNS, AND SIGN IT OF MY OWN FREE WILL.

Dated: _____

Dated: _____

Witness: _____
Signature

Participant: _____
Signature

Print Name

Print Name



GOLD WING ROAD RIDERS ASSOCIATION



RIDER EDUCATION PROGRAM Parking Lot Practice Student Evaluation

Type of Course: Parking Lot Practice

Date: _____

Event: Rally, Region/District/Chapter Event, etc. _____

Facilitators Names _____

Please use the following rating system to respond to each item.

1 = Superior 2 = Excellent 3 = Good 4 = Fair 5 = Needs Improvement 6 = Poor

1. Overall I would rate the Facilitators _____

Comments: _____

2. Did the Facilitators furnish you with a PLP Guide? Yes No

3. Rate the Self-Evaluation Tips in the PLP Guide _____

4. Was the Range conducted in a safe manner? Yes No

5. The condition of the range was _____

Comments: _____

6. The range exercises were _____

7. The time spent on the range was: Too Much Too Little About Right

8. Please rate the overall effectiveness of this course in helping you prevent an accident and/or injury to you and, if appropriate, your Co-Rider. _____

We would appreciate having your personal comments on the back of this sheet. Thank you

Please mail this completed form to your District/Region Educator.



GOLD WING ROAD RIDERS ASSOCIATION



RIDER EDUCATION PROGRAM Parking Lot Practice Accident/Incident Report

Facilitator note: Complete this report for each accident/incident occurring during your class regardless of the severity of injury or damage. Apply similar standards to those set by MSF, GWRRA RCICP, and/or the convening Motorcycle Safety Administration in your local area. Send completed form to your District Educator.

PLP Site: _____ Date: _____ Time: _____

Rider Name: _____ Phone Number: _____

Address: _____

Male Female Age: _____ GWRRA Member Number: _____

Co-Rider Name: (2-up only) _____

Note: Fill out a separate form if the Co-rider sustained injuries

Range Specific Information

Course: PLP _____ Exercise Number: _____

Range Location: _____ Injuries Sustained Yes No

Student Accepted Declined Medical attention

First aid administered? No Yes

Emergency Personnel Information

Ambulance/emergency unit called? No Yes

ID of squad/service & destination of medical facility to which student was transported:

Police report? No Yes If yes what is the Case # _____

Accident/Incident Description

License # of damaged motorcycle _____ Make, Model, Year _____

Describe damage to motorcycle: _____

Instructor description of accident/incident - _____

Student description of accident/incident - _____

Facilitator Name & GWRRA Facilitator Number: _____

Facilitator Name & GWRRA Facilitator Number: _____

Facilitator: _____ Student: _____
Signature Signature

Facilitator: _____
Signature



GOLD WING ROAD RIDERS ASSOCIATION



RIDER EDUCATION PROGRAM EMERGENCY NOTIFICATION DATA SHEET

This form is used for the program coordinator or Facilitator(s) to be able to contact an offsite member of your family in the case of an emergency.

Type of Course: Parking Lot Practice

Date: __/__/__

Location: _____

Event: (Rally, Region/District/Chapter Event, etc.) _____

Your Name	Contact Person	Telephone Number	Relationship
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N.17 T-CLOCS Inspection



GOLD WING ROAD RIDERS ASSOCIATION



RIDER EDUCATION PROGRAM Motorcycle T_CLOCS Inspection

T- CLOCS ITEM	WHAT TO CHECK	WHAT TO LOOK FOR	CHECKOFF	
T --- TIRES & WHEELS				
Tires	Condition	Tread depth, wear, weathering, evenly seated, bulges, embedded objects.	Front	Rear
	Air Pressure	Check when cold, adjust to load/speed	Front	Rear
Wheels	Spokes	Bent, broken, missing, tension, check at top of wheel "ring" OK -- "thud", loose spoke	Front	Rear
	Cast	Cracks, dents	Front	Rear
	Rims	Out of round/true = 5 mm. Spin wheel, index against stationary pointer.	Front	Rear
	Bearings	Grab top and bottom of tire and flex: No free play (click) between hub and axle, no growl when spinning.	Front	Rear
	Seals	Cracked, cut or torn, excessive grease on outside, reddish-brown around outside.	Front	Rear
C --- CONTROLS				
Levers	Condition	Broken, bent, cracked, mounts tight, ball ends on handlebar lever.	Front	Rear
	Pivots	Lubricated		
Cables	Condition	Fraying, kinks, lubrication: ends and length.		
	Routing	No interference or pulling at steering head, suspension, no sharp angles, wire looms in place.		
Hoses	Condition	Cuts, cracks, leaks, bulges, chaffing, deterioration.		
	Routing	No interference or pulling at steering head, suspension, no sharp angles, wire looms in place.		
Throttle	Operation	Moves freely, snaps closed, no revving.		
L --- LIGHTS				
Battery	Condition	Terminals clean and tight, electrolyte level, held down securely.		
	Vent Tube	Not kinked, routed properly, not plugged.		
Lenses	Condition	Cracked, broken secure, mounted, excessive condensation		
Reflectors	Condition	Cracked, broken securely mounted.		
Wiring	Condition	Fraying, chaffing, insulation.		
	Routing	Pinched, no interference or pulling at steering head or suspension, wire looms and ties in place, connectors tight, clean.		
Headlamp	Condition	Cracks, reflector, mounting and adjustment system.		
	Aim	Height and right/left.		

O --- OIL				
Levels	Engine Oil	Check warm on center stand, dipstick, sight glass.		
	Hypoid Gear Oil	Transmission, rear drive, shaft.		
	Hydraulic Fluid	Brakes, clutch, reservoir or sight glass.		
	Coolant	Reservoir and/or coolant recovery tank -- cool only.		
	Fuel	Tank or gauge.		
Leaks	Engine Oil	Gaskets, housings, seals.		
	Hypoid Gear Oil	Gaskets, seals, breathers.		
	Hydraulic Fluid	Hoses, master cylinders, calipers.		
	Coolant	Radiators, hoses, tanks, fittings, pipes.		
	Fuel	Lines, fuel taps, carbs.		
C --- CHASSIS				
Frame	Condition	Cracks at gussets, accessory mounts, look for paint lifting.		
	Steering Head Bearings	No detente or tight spots thru full travel, raise front. Wheel check for play by pulling/pushing forks.		
	Swing Arm Bushings / Bearings	Raise rear wheel, check for play by pushing/pulling swing arm.		
Suspension	Forks	Smooth travel, equal air pressure/damping anti-dive settings.	Left	Right
	Shock(s)	Smooth travel, equal pre-load/air pressure/ damper settings, linkage moves freely and is lubricated.	Left	Right
Chain or Belt	Tension	Check at tightest point.		
	Lubrication	Side plates when hot.		
	Sprockets	Teeth not hooked, securely mounted.		
Fasteners	Threaded	Tight, missing bolts, nuts.		
	Clips	Broken, missing.		
	Cotter Pins	Broken, missing.		
S --- SIDESTAND				
Center stand	Condition	Cracks, bent.		
	Retention	Springs in place, tension to hold position.		
Side stand	Condition	Cracks, bent. (Safety cut-out switch or pad if equipped)		
	Retention	Springs in place, tension to hold position.		

I have performed the above safety check. To my knowledge my motorcycle is ready for safe range operation. I certify the above statements are true and correct.

Print Name

Year and Type of Motorcycle

Signature

Date

N.18 Trike Check



GOLD WING ROAD RIDERS ASSOCIATION

RIDER EDUCATION PROGRAM TRIKE CHECK



<u>Tires</u>		<u>Front</u>	<u>Rear</u>
Condition	Tread depth, wear, dry rotting, bulges, and foreign objects		
Air Pressure	Check when cold, adjust to load and speed		
<u>Controls</u>			
Throttle	Operation, moves freely, snaps closed, no revving		
Levers	None bent, broken. Ball on end of lever		
Cables	No interference, fraying or kinks		
Hoses	No cuts, cracks, bulges		
<u>Lights</u>			
Battery	Terminals clean, tight, electrolyte level, vent tube & charge		
Lenses	No cracks or excessive condensation, securely mounted		
Headlamp	Bulb works, aimed correctly, not loose in mounting		
<u>Oils</u>			
Engine	Check warm, is it at the minimum		
Coolant	Reservoir and recovery tank at correct level		
Fuel	Tank full ready to ride, Check gage or tank		
Leaks	Check for oil, fuel, coolant or rear-end leaks		
<u>Chassis</u>			
Forks	Check air pressure, check for leaks, is travel free		
Shock(s)	Check air pressure, pre-load springs and free travel		
Steering-Head	Check for tight spots and play by pushing/pulling forks		

I have performed the above safety check. To my knowledge my Trike is ready for safe range operation. I certify the above statements are true and correct.

Print Name

Year and Type of Trike

Signature

Date

N.21 Sidecar Rig Check



GOLD WING ROAD RIDERS ASSOCIATION

RIDER EDUCATION PROGRAM SIDECAR RIG CHECK



<u>Tires</u>		<u>Front</u>	<u>Rear</u>
Condition	Tread depth, wear, dry rotting, bulges, and foreign objects		
Air Pressure	Check when cold, adjust to load and speed		
<u>Controls</u>			
Throttle	Operation, moves freely, snaps closed, no revving		
Levers	None bent, broken. Ball on end of lever		
Cables	No interference, fraying or kinks		
Hoses	No cuts, cracks, bulges		
<u>Lights</u>			
Battery	Terminals clean, tight, electrolyte level, vent tube & charge		
Lenses	No cracks or excessive condensation, securely mounted		
Headlamp	Bulb works, aimed correctly, not loose in mounting		
<u>Oils</u>			
Engine	Check warm, is it at the minimum		
Coolant	Reservoir and recovery tank at correct level		
Fuel	Tank full ready to ride, Check gage or tank		
Leaks	Check for oil, fuel, coolant or rear-end leaks		
<u>Chassis</u>			
Forks	Check air pressure, check for leaks, is travel free		
Shock(s)	Check air pressure, pre-load springs and free travel		
Frame Attachment	Check welds for cracking, frame tubes for cracking, tight struts, tight attachment nuts and bolts, sidecar body attachments points		
Steering-Head	Check for tight spots and play by pushing/pulling forks		

I have performed the above safety check. To my knowledge my Trike is ready for safe range operation. I certify the above statements are true and correct.

Print Name

Year and Type of Trike

Signature

Date