



Motorcycle Waiver and Release Form

In signing this document, I represent that I am fully knowledgeable of the danger and hazards associated with riding motorcycles. I understand that such activities **may cause serious injury or death**. I certify that I am duly licensed and competent to operate a motorcycle in a safe manner, and the vehicle is in a safe operating condition. I will be riding on public highways and am solely responsible to determine the speed and operational characteristics of my motorcycle while participating in the tour. I am licensed to operate a motorcycle and always carry motorcycle liability insurance as required by law. I hereby release and hold harmless, Star Touring and Riding, any of its executives or members, Star Touring and Riding, **Woodstock, IL Chapter #193** and any of its executives or members, against any and all claims, causes of action, or any other liability of any kind arising from my activity of touring by motorcycle.

I certify that I have no known physical or mental impairment that may affect my safety or the safety of the group. I understand that the choice of wearing a helmet or other protective gear is solely my own and that I am responsible for my compliance with all state laws, including those regarding helmets. I certify that I am not under the influence of any narcotic, alcohol or other drug that may impair my understanding or judgment and that I will not at any time during the tour operate my motorcycle under the influence of any narcotic, alcohol or any drug. **I also understand that this waiver and release is in force until December 31st 2008 and covers any and all activities.**

Signature: _____ Date: _____
Printed Name: _____ Phone #: _____
Drivers License Number: _____ State: _____
Vehicle Insurance Carrier: _____ Policy #: _____
Signature of Passenger: _____
Witnessed by: _____
Printed Name of Witness: _____

The Motorcycle Safety Foundation estimates that only 40% of all motorcycle riders are licensed. A Chapter officer must verify the Motorcycle Endorsement of each member.

OFFICIAL USE ONLY: Motorcycle Endorsement Verified: Yes No

Verified by: _____ Title: _____

The following information is VOLUNTARY and is used for emergency purposes only:

Please provide the following information:

Emergency contact person: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Health Insurance Carrier: **RIDER** _____ Policy #: _____

Health Insurance Carrier: **PASSENGER** _____ Policy #: _____

List known allergies, medicines taken regularly, or medical conditions: