

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 I 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 #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 through December 31st, 2010 and covers 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 emergency information:

Emergency contact person: _____
Relation: _____ Phone(home): _____ Phone (work): _____
Health Insurance Carrier (rider): _____ Policy #: _____
Health Insurance Carrier (passenger): _____ Policy #: _____
List known allergies, medicines taken regularly, or medical conditions: _____