

## 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, **Valley Forge, Pa** 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 31<sup>st</sup> 2008 and covers any and all activities.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
Drivers license number \_\_\_\_\_ State \_\_\_\_\_  
Vehicle insurance carrier \_\_\_\_\_ Policy # \_\_\_\_\_  
Signature of passenger \_\_\_\_\_  
Witnessed by \_\_\_\_\_  
Print name (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): \_\_\_\_\_ (work) \_\_\_\_\_

Health insurance carrier (rider) \_\_\_\_\_ Policy # \_\_\_\_\_

Health insurance carrier (passenger) \_\_\_\_\_ Policy # \_\_\_\_\_

Please list any allergies, medicines taken regularly, or medical conditions.