



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, **Chandler Chapter 393** 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: _____
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 on the back.