

STAR Touring & Riding Assoc.

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 Association, any of its executives, members, entities or subsidiaries, and any Licensed Chapter of STAR Touring & Riding Association, and any of its executives, members, entities or subsidiaries, against any and all claims, causes of action, or any other liability of any kind arising from my activity of touring by motorcycle/or participation in any event sponsored by same.

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, drug or prescription drug that would cause impairment. **I also understand that this waiver and release is in force until December 31, 2012, and covers any and all activities.**

Signature _____ Date _____
(If over 18)
Print name _____ Phone # () _____
Drivers license number _____ State _____ Chapter # _____
Vehicle insurance carrier _____ Policy# _____
Signature of passenger _____ Print name _____

Riding level Novice Intermediate Advanced

Amount of riding experience Yrs. ___ Mo. ___ **Have you done any group riding?** Yes No

The Motorcycle Safety Foundation estimates that only 40% of all motorcycle riders are licensed. A Chapter Officer must verify the Motorcycle Endorsement or Riding Permit of each member. (Riders with permits must adhere to State laws)

OFFICIAL USE ONLY: Motorcycle Endorsement Verified: YES NO Permit

Verified/witnessed By: _____ Print name: _____

Title: _____ Chapter #: _____

If completing on behalf of your minor child

In consideration of _____ (**minor's name**) participation, I represent that I have complete and absolute authority to legally act on behalf of the minor. I understand that RELEASEES relies to its detriment upon this representation and would not otherwise allow the minor to participate. I agree to indemnify and hold harmless RELEASEES from any and all claims which are brought by, or on behalf of the minor, and which are in any way connected with the participation of the minor.

Name of Parent and/or Legal Guardian _____

Signature _____ Date _____

Address (if different from above) _____

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

Please provide the following emergency information

Emergency contact person (not riding with you) _____

Relationship _____ Phone (home): _____ Phone (work) _____