



## **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 a 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 **Chicago IL Chapter 394**, and any of its' executives and members, against 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 is in force until December 31<sup>st</sup>, 2010 and covers any and all activities.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Drivers License Number \_\_\_\_\_ Issuing State \_\_\_\_\_

Vehicle Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

Signature of Passenger \_\_\_\_\_

Witnessed By \_\_\_\_\_

Print Witness Name \_\_\_\_\_

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: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Health Insurance Carrier (rider): \_\_\_\_\_ Policy No. \_\_\_\_\_

Health Insurance Carrier (passenger) \_\_\_\_\_ Policy No. \_\_\_\_\_

Please list any medical conditions, allergies, or medicines taken regularly: \_\_\_\_\_

