

# **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) \_\_\_\_\_