

Star Touring & Riding Assoc.

San Diego Chapter #123

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 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 liability insurance as required by law. I hereby release and hold harmless, Star Touring and Riding, and of its executives or members, against any and all claims, causes of action, or any other liability of any kind arising from 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 _____ 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.

OFFICAL USE ONLY: Motorcycle Endorsement Verified; YES ___ NO ___

Verified By _____ Title: _____

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

Emergence contact person _____
Relationship _____ Phone (home) _____ (work) _____
Health insurance carrier (rider) _____ Policy # _____
Health insurance carrier (passenger) _____ Policy # _____
Please list any allergies, medications taken regularly, or medical conditions.