

STAR Touring & Riding Assoc.

CONTRA COSTA COUNTY, CA. CHAPTER 186
CHAPTER NAME AND NUMBER

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, **CONTRA COSTA COUNTY, CA. CHAPTER 186** 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 2009 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 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.