



Star Touring & Riding Association
Hayward Fault, CA - Chapter #103

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 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, Hayward Fault, CA Chapter #103** 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 I have no physical or mental impairment that may affect my safety or the safety of the group. I understand the choice of wearing a helmet or other protective gear is solely my own and I am responsible for my compliance with all state laws, including those regarding helmets. I certify 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 2007 and covers any and all activities.**

Signature _____ Date _____

Print Name _____ Phone # () _____

Drivers License # _____ State _____

Vehicle Insurance Carrier _____ Policy # _____

Signature of Passenger _____ Passenger Name _____

Witness Signature _____ 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 rider.

OFFICIAL USE ONLY: Motorcycle Endorsement Verified – YES____ NO____

Verified by _____ Title _____

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

Emergency Contact Person _____

Relation _____ Phone (H) _____ Phone (W) _____

Health Insurance Carrier (Rider) _____ Policy # _____

Health Insurance Carrier (Passenger) _____ Policy # _____

List any allergies, medicines taken regularly, or medical conditions:

Please use the other side of this sheet if necessary and mark this box: