

Star Touring & Riding Association Humble, TX – Chapter 451

Motorcycle Waiver and Release Form

(Please Print)

In signing this document, I acknowledge that I am fully aware 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 I will be using 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 on the tour. I 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, **Humble, TX. Chapter #451** 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 and effective until December 31st 2008 and covers any and all chapter activities.**

Signature _____ Date _____

Print Name _____ Phone _____

Driver's license number _____ State _____

Vehicle insurance carrier _____ Policy # _____

Signature of passenger _____ Date _____

Witnessed by _____ Date _____

Print name (witness) _____

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: _____

Please provide the following emergency information:

Emergency contact person _____ Relation _____

Phone (home) _____ (work) _____ (cell) _____

Health Insurance Carrier _____ Policy # _____

Please list any allergies, medications taken regularly, or any medical conditions that may hinder your riding on the back of this form.