



Moto Adrenaline Tours

Creating affordable two & four wheeled adventures

Waiver

In signing this document, I represent that I am fully knowledgeable concerning the dangers and hazards associated with riding motorcycles. I certify that I am duly licensed and competent to operate a motorcycle in a safe manner, and that the vehicle I use on tour is in safe operating condition. I will be riding on public roads and am solely responsible to determine the speed and operational characteristics of my motorcycle while participating in this tour.

I understand that Gerald L. James is acting as my agent specifically to obtain lodging and meals during this guided tour, and I hereby release and hold harmless Gerald L. James, DBA Moto Adrenaline Tours and any staff members of the company 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 use of helmets.

I understand that Moto Adrenaline Tours has no direct affiliation with any motorcycle rental or shipping provider and accepts no responsibility for motorcycle rental, shipping or storage services. I understand that Moto Adrenaline Tours accepts no responsibility for loss or damage to my personal belongings including my motorcycle if it is being trailered. Further, I certify that I am not under the influence of any narcotic, alcohol, or other drug that might impair my understanding or judgement, and that I will not at any time during the tour operate my motorcycle under the influence of any narcotic, alcohol or other drug.

Signature:

Date:



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Release

Rider Print Name:	
Rider Signature:	
DL#	DL State:
Co-Rider Print Name:	
Co-Rider Signature:	
Witness Print Name:	
Witness Signature	

Please provide the following Information for Emergency Purposes:

Emergency Contact:	
Relation:	Phone:
Vehicle Insurance Carrier:	
Policy #	Phone#
Rider Insurance Carrier:	
Policy #	Phone#
Co-Rider insurance Carrier:	
Policy #	
Please list any allergies, medicines taken regularly or medical conditions. If you have severe allergies do you carry the needed emergency medications? Please note details:	