

Waiver and Release

The Road Captain Motorcycle Tours

In signing this document, I represent that I am fully knowledgeable concerning 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 that the vehicle I use on tour 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 understand that Donald Drew is acting as my agent specifically to obtain lodging and meals during this guided tour, and I hereby release and hold harmless Donald Drew, The Road Captain Motorcycle 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 The Road Captain Motorcycle Tours accepts no responsibility for loss of or damage to my personal belongings including my motorcycle. Further, 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 other drug.

Signature _____ Date _____
Print Name _____
Drivers License # , State or Province, Country _____
Signature of Co-Rider _____ Date _____
Print Name _____

Witnessed by: _____ *Please note that signatures must be witnessed.*
Print Name (Witness) _____

Please Provide the Following Information for Emergency Purposes:

Emergency Contact Name: _____
Relation _____ Phone (work) _____ (home) _____
Vehicle Insurance Carrier: _____ Policy # _____
Health Insurance Carrier (Rider): _____ Policy # _____
Health Insurance Carrier (Passenger): _____ Policy # _____

Please List Any Allergies, Medicines taken regularly or Medical Conditions:

If you have a severe allergy to insect stings, do you carry needed medication? _____

Please send or email one waiver and release form per per rider/passenger along with the deposit amount (*as per registration instructions*) and the registration form to:

The Road Captain Motorcycle Tours
2663 Hydram Ave. N.
Oakdale, MN 55128