



Hillel's Angels Motorcycle Touring Club

Motorcycle Waiver / 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 an HA club ride. I am licensed to operate a motorcycle and always carry motorcycle liability insurance as required by law. I hereby release and hold harmless, The Hillel's Angels, 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 when I ride with the HA club, 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 ride operate my motorcycle under the influence of any such drugs. **I also understand that this waiver and release is in force in perpetuity and covers any and all activities.**

Signature _____ Date _____
Print name _____ Cell Phone # () _____
Drivers license number _____ State _____
Motorcycle insurance carrier _____ Policy # _____
Signature of passenger _____

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: _____

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

Emergency contact person _____
Relation _____ Phone (home): _____ (work) _____ (cell) _____
Please list any allergies, medicines taken regularly, or medical conditions.

Please mail completed waivers and membership forms to:

Hillel's Angels
194 Carlough Place
Mahwah, NJ 07430