



**ORDER OF THE PHOENIX, MC
Motorcycle Waiver and Release Form**

In signing this document, I, as a rider or passenger, 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 hereby release and hold harmless, the Order of the Phoenix (the "Order") 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 participation in the Order activities. I certify that I have no known physical or mental impairment that may affect my safety or the safety of others. I understand that the choice of wearing a helmet and other protective gear is solely my own and that I am responsible for my compliance with all state laws, including those regarding helmets.

I, as a rider, certify that I am duly licensed and competent to operate a motorcycle in a safe manner, and that my motorcycle 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 Order events. I am licensed to operate a motorcycle and always carry motorcycle liability insurance as required by law. 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 operate my motorcycle under the influence of any narcotic, alcohol or other drug.

ACKNOWLEDGED & AGREED	
Rider Signature:	Date:
Print Name:	Telephone:
Driver License Number:	Issuing State:
Motorcycle Insurance Carrier:	Policy Number:
Passenger Signature:	Date:
Print Name:	Telephone:
Witness Signature:	Officer Title:
Print Name:	

OFFICIAL USE ONLY: The Motorcycle Safety Foundation estimates that only 40% of all motorcycle riders are licensed. Motorcycle license and endorsement verified.

By Officer:

Title:

VOLUNTARY (OPTIONAL) EMERGENCY INFORMATION DISCLOSURE	
Emergency Contact Person:	Telephone:
Health Insurance Carrier (Rider):	Policy Number:
Health Insurance Carrier (Passenger):	Policy Number:
List any allergies, medicines taken regularly, or medical conditions here or on back of this Waiver and Release Form, if any:	

Revised 1.10