



Motorcycle Waiver and Release Form

For, and in consideration of, their agreement to allow me to participate with them in a motorcycle ride events, the receipt and sufficiency of which is acknowledged by signature hereon, I freely, on behalf of myself, my heirs and estate, fully and finally release and hold harmless **Able Forces**, directors and members associated with any and all ride events from any and all liability, claims, demands suits, whether known or unknown,

In signing this document, I represent that I am fully knowledgeable 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 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 ride. I hereby release and hold harmless **Able Forces** executives or members, against any and all claims, causes of action, or any other liability of any kind arising from my activity of riding by motorcycle.

I certify that I have no known physical or mental impairment that may affect my safety or the safety of the group and that I am 21 years old or older. 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 ride operate my motorcycle under the influence of any drug or alcohol. I also understand that this Waiver and Release is in force for the duration of the ride and covers any and all activities.



115 Chester Street
Suite B
Front Royal, VA 22630
540-631-9600
www.ableforces.org

Motorcycle Operator Signature

Date

Motorcycle Passenger Signature

Date

EVENT REGISTRATION/RELEASE FORM



Rider Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____

Passenger _____ Phone _____

Bike Make/Model _____

\$15.00 Rider

\$5.00 Passenger

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I certify that I am physically fit with no known physical or mental impairment and have prepared for participation in the event(s). I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers of the event(s), in which I may participate and that it will govern my actions and responsibilities at said events. 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 event(s) operate my motorcycle under the influence of any narcotic, alcohol or drug. I certify that I have fully adequate insurance to cover all medical claims, the motorcycle and any other equipment and any damage or liability I may ultimately be found responsible for, during all travel to the point of my entry into the Ride, the Ride, the period between the end of the Ride, and my return to my final destination. I further certify that I have all the insurance required by law and I am licensed and competent to operate a motorcycle in a safe manner and my license has all motorcycle endorsements or certificates required by my state of residence.



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