## The 2021 Flint Hills Stampede - Tour Waiver and Release Form - Required

Backroads Touring - KANSAS!



## 2021 Flint Hills Stampede

Emergency Contact Name \_\_\_\_\_

Your Cel Phone # \_\_\_\_\_

June 4 - June 6, 2021 Beaumont, Kansas 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 roads and am solely responsible to determine the speed and operational characteristics of my motorcycle while participating in the tour. I hereby release and hold harmless, Backroads Touring - Kansas, 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 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 wearing a helmet and eye protection is mandatory, and the choice of other protective gear is solely my own and that I am responsible for my compliance with all state laws. 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 any drug. I also understand that this waiver and release is in force until December 31, 2021 and covers any and all activities at this event.

Emer. Phone

\* This form is designed to be filled out in Adobe Reader and printed.

Keep one copy on your person and give one to your Ride Leader ....

	December 31, 2021 and covers any and an activities at this event.
Signature —	— Name (print or type-in)————————————————————————————————————
E-mail	year/make/model bike
Date	Check Ride: ☐ Scenic ☐ Intermediate ☐ Advanced ☐ Self-Guided
Street	City State Zip
Emergency Contact Name	Emer. Phone
Your Cel Phone #	* This form is designed to be filled out in Adobe Reader and printed.  Keep one copy on your person and give one to your Ride Leader
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Signature —————	— Name (print or type-in)————————————————————————————————————
E-mail	year/make/model bike
Date	Check Ride: ☐ Scenic ☐ Intermediate ☐ Advanced ☐ Self-Guided
Street	City State Zip