

Demo Ride Accident Waiver & Release of Liability Form

_____ has agreed to allow me, the undersigned, to engage in a free demonstration ride as operator and/or a passenger of one or more

I fully understand and acknowledge that operating or riding on a motorized vehicle is an activity that has its own unique risks, and that serious injury or death could result from operating or riding on the motorized vehicle through no fault of my own. I am voluntarily participating in the demonstration ride(s). **I EXPRESSLY AGREE TO ASSUME THE ENTIRE RISK OF ANY ACCIDENT, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH, THAT I MIGHT SUFFER AS A RESULT OF MY OPERATING OR RIDING ON THE MOTORIZED VEHICLE AND PARTICIPATING IN THE DEMONSTRATION RIDE(s).**

If I am the operator of the motorized vehicle, I possess the skill, knowledge, confidence, and experience on

to operate the motorized vehicle in a safe manner. I hold a current/valid operator's license in the state in which I reside. I am not at this time under the influence of alcohol, drugs, or any other illegal substances, or any medications that may impair my judgment or my ability to operate or ride on the motorized vehicle. I am aware of the existing weather and road conditions.

I have examined the motorized vehicle, have been given a full review of all the motorized vehicle functions, and had an opportunity to ask questions regarding the operation of or riding on the motorized vehicle. I am satisfied that the motorized vehicle is in good operating condition and that I fully understand how to operate and ride on the motorized vehicle.

I agree to operate or ride on the motorized vehicle safely, defensively, and within the limits of the law and my ability. I will only operate or ride on the motorized vehicle on designated demonstration routes, etc. determined by

Operator

Passenger

Signed: _____ Date: _____

Please Print

First Name: _____ Middle Initial: _____

Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Witness: _____ Date: _____

