EAST COAST ADVENTURE TOURS LLC

Motorcycle Adventure Tour Registration Form

Rider Information

Full Name: _____

Street Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone Number: _____

Email Address: _____

Rider Age: _____

Driver's License Number: _____

Rider Ability Level: Beginner ☐ Intermediate ☐ Expert ☐

Equipment Needed: Boots ☐ Size: ___ Riding Pants ☐ Waist Size ___ Inseam/Height ____

Jacket ☐ (Small ☐ Medium ☐ Large ☐ Extra Large ☐)

Helmet ☐ (Small ☐ Medium ☐ Large ☐ Extra Large ☐)

Food Allergies or Restrictions: _____

Passenger Information

Will you have a passenger?

☐ Yes ☐ No

If **Yes**, please complete the information below.

Passenger Name: _____

Passenger Street Address: _____

Comments Regarding Skill Level & Riding experience:_____

_____

_____

_____

City: _____ **State:** _____ **ZIP:** _____

Passenger Age: _____

Food Allergies or Restrictions: _____

Tour Selection

Tour Date: ____ / ____ / _____

Please select **one** tour:

☐ _____ Adventure Tour – Collettsville, North Carolina

☐ _____ Adventure Tour – Collettsville, North Carolina

☐ _____ Adventure Tour – Man, West Virginia

☐ _____ Adventure Tour – Man, West Virginia

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Certification

I certify that all information provided is accurate. I understand that motorcycle touring involves inherent risks. I agree to operate my motorcycle in a safe and responsible manner, follow all applicable traffic laws, comply with instructions provided by East Coast Adventure Tours LLC guides, and accept responsibility for my actions during the tour.

I certify that I am physically able to participate in an adventure bike tour which I acknowledge includes activities that are strenuous and physically demanding beyond normal daily activity and that I am not aware of any medical condition or injury that would make participation unsafe. If I

have any concerns about my health, I have consulted or will consult a healthcare provider before participating.

Rider Signature: _____

Date: ____ / ____ / _____

If applicable:

Passenger Signature: _____

Date: ____ / ____ / _____

Office Use Only

Registration Received: □

Payment Received: □

Tour Agreement Signed: □

Confirmation Sent: □

Reservation Number: _____

Staff Initials: _____