



Northeastern Motorcycle Tours

New England, Adirondacks, Canadian Maritimes

Registration Information

To register, please print and complete the *Registration* and *Waiver & Release* forms below and mail them with your reservation deposit. Our address is:

Northeastern Motorcycle Tours
P.O. Box 574
Saxtons River, Vermont 05154

Unless otherwise indicated, all tours include lodging, breakfast, dinner, ferry passage (when applicable) and admission to private mountain roads. Each tour begins on the afternoon of its starting date and ends after breakfast on its ending date. All tours will run with a maximum of ten motorcycles and fifteen participants. All accommodations are non-smoking. Not included in the tour price are motorcycle rentals, fuel, snacks, lunch meals, insurance, alcoholic beverages, optional attraction charges, phone charges or other incidental or personal items. No refund can be made for any missed meals or lodging.

See our individual tour pages for tour descriptions. All participants planning to arrive by plane who would like to be met at the airport should contact us at least 60 days prior to their tour start date for further information and arrival time coordination. We highly recommend early registration as it allows riders to join the tour of their choice while sufficient space is still available.

A deposit in the amount of \$500 per person is required with tour registration. Full payment is due 60 days prior to the chosen tour's departure date and the deposit is refundable up until that time, minus a \$100 processing fee. No refunds can be made later than 60 days prior to the departure date. We highly recommend that all participants obtain trip insurance to cover their expenses should extenuating circumstances cause them to be unable to attend their scheduled tour. If a tour is cancelled for any reason, the registrants will receive a full refund of any amounts paid.

We welcome licensed riders on all makes and models of motorcycles but ask that all motorcycles comply with state and local laws regarding noise and safety equipment. Motorcycles which are modified with "straight pipes", or other modifications which increase exhaust noise beyond legal limits, are not appropriate for the tours. We recommend that riders have a minimum of two years riding experience and require that all riders have sufficient skill and experience to ride long distances safely in varying weather conditions over a variety of roads. If you have any questions about the match between your riding experience and our tours, please contact us prior to registration.



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Registration

Please make reservations for _____ rider and _____ co-rider for the following tour:

_____ beginning on the following date _____

Requesting single shared room, single unshared room, dual shared room (please circle one)

Total tour cost _____ Deposit amount _____ Balance amt. _____

Rider Name (First, middle initial, last) _____

Address _____

City _____ State _____ Country _____

Zip _____ e-mail address: _____

Telephone: Home _____ Work _____ Cell _____

Year, make, model of motorcycle (If you are planning to rent, please indicate details below.)

Total years of riding experience? _____ Estimated miles ridden in past 2 years? _____

Have you completed a Motorcycle Rider Education Course? _____ If yes, which course was it and what date did you complete it? _____

At what level would you rate your riding skill? Beginner ___ Intermediate ___ Advanced ___

What is the maximum number of miles you have ridden per day on a motorcycle? _____

The motorcycle you use on tour must comply with state and local laws regarding noise and safety equipment, do you have any reason to believe that it would not? _____

Do you have any special dietary allergies or requirements? (Please describe.)

Co-Rider Name (First, middle initial, last) _____

Address _____

City _____ State _____ Country _____

Zip _____ e-mail address: _____

Telephone: Home _____ Work _____ Cell _____

Total years of co-riding experience? _____ Estimated miles ridden in past 2 years? _____

What is the maximum number of miles you have ridden per day on a motorcycle? _____

Do you have any special dietary requirements? (Please describe.)



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Waiver & Release

In signing this document, I represent that I am fully knowledgeable concerning 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 that the vehicle I use on tour 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 tour. I understand that Sean P. Reid is acting as my agent specifically to obtain housing and meals during this guided tour, and I hereby release and hold harmless Sean P. Reid, Northeastern Motorcycle Tours and any staff members of the company 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 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 use of helmets. I understand that Northeastern Motorcycle Tours has no direct affiliation with any motorcycle rental or shipping provider and accepts no responsibility for motorcycle rental, shipment or storage services. I understand that Northeastern Motorcycle Tours accepts no responsibility for loss of or damage to my personal belongings including my motorcycle if it is being trailered. Further, 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 other drug.

Signature _____ Date _____

Print Name _____

Drivers License # , State or Province, Country _____

Signature of Co-Rider _____ Date _____

Print Name _____

Witnessed by: _____ Please note that signatures must be witnessed.

Print Name (Witness) _____

Please Provide the Following Information for Emergency Purposes:

Emergency Contact Name: _____ Relation _____

Phone (work) _____ (home) _____ (cell) _____

Vehicle Insurance Carrier: _____ Policy # _____

Health Insurance Carrier (Rider): _____ Policy # _____

Health Insurance Carrier (Passenger): _____ Policy # _____

Please List Any Allergies, Medicines taken regularly or Medical Conditions:

If you have a severe allergy to insect stings or other allergens, do you carry needed emergency medication? Please note details. _____