

I acknowledge that the services provided by Millward's Moto can be an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to: actions of other people including, but not limited to, participants, volunteers, spectators, and/or tour guides; lack of hydration, weather, and/or other natural conditions. I hereby assume all of the risks of participating.

I certify that I am physically fit and have sufficiently trained for participation in the services and have not been advised otherwise by a qualified medical professional.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by Millward's Moto and it will govern my actions and responsibilities.

I hereby take action for myself and assigns as follows: (A) Waive, release, and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind, THE FOLLOWING ENTITIES OR PERSONS: Millward's Moto, and their directors, employees, and volunteers, (B) indemnify and hold harmless all entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions during this event.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during participation.

I understand that I will be held responsible for damages I cause to the property of Millward's Moto due to actions that are deemed reckless and/or unnecessary by the respective owners.

I understand that I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by Millward's Moto.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under the applicable law.

I hereby certify that I have read this document and I understand its content.

Print Name: _____ Age: _____

Passport or KTP Number: _____

Signature: _____ Date: _____