

CHAPTER MEMBERSHIP ENROLLMENT FORM AND RELEASE

Chapter Name:		
Member Name:		
Mailing Address:		
City:	State:	Zip:
E-mail Address:		
Phone:	Member Nat'l H.O.G. Number:	
Expiration Date of National H.O.G.® Men	nbership:	
I have read the Annual Charter for H.O.G.	® Chapters and hereby agree to abide by it as a m	ember of this Dealer sponsored Chapter.
I recognize that while this Chapter is chaits actions.	artered with H.O.G.®, it remains a separate, independent	endent entity solely responsible for
	THIS IS A RELEASE, READ BEFORE SIGNING	3
Chapter and their respective officers, dir or responsible for injury to me (including Chapter activities and resulting from acts even where the damage or injury is caus and their guests participate voluntarily arraising out of the conduct of such activit person or property which may result from THAT I AGREE NOT TO SUE THE "REL	ey Owners Group® (H.O.G.®), Harley-Davidson, Increctors, employees and agents (hereinafter, the "Reparalysis or death) or damage to my property occas or omissions occurring during the performance of sed by negligence (except willful neglect). I understand at their own risk in all H.O.G.® activities and I activities. I release and hold the "RELEASED PARTIES" my participation in H.O.G. activities and EVENT. LEASED PARTIES" FOR ANY INJURY OR RESULT NNECTION WITH, THE PERFORMANCE OF THE (ENT(S)).	ELEASED PARTIES") shall not be liable curring during any H.O.G.® or H.O.G.® of the duties of the Released Parties, tand and agree that all H.O.G.® members ssume all risks of injury and damage B" harmless from any injury or loss to my (S). I UNDERSTAND THAT THIS MEANS LTING DAMAGE TO MYSELF OR MY
	WAIVER OF RIGHTS UNDER STATE STATUTE	
=	ng from any state statute which would negate or lint not limited to, Section 1542 of the California Civi	
	nd to the claims which the creditor does not know or suspect to exist in his favor at the ich if known to him must have materially affected his settlement with the debtor."	
By signing this Release, I certify that I have representations made by the "RELEASI	ave read this Release and fully understand it and the ED PARTIES".	nat I am not relying on any statements or
Member Signature:	D	ate:
Local Dues Paid \$:		Date:

RETURN THIS FORM TO YOUR CHAPTER

(Dues not to exceed maximum amount prescribed in, Annual Charter for H.O.G.® Chapters, as contained in the H.O.G.® Chapter Handbook.)