

2025 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. Numbe	r:
Expiration Date of National H.O.G.® Membership:	:	
I have read the H.O.G.® Chapter Charter and here	eby agree to abide by it as a member	of this Dealer sponsored Chapter.
I recognize that while this Chapter is chartered wiits actions.	ith H.O.G.®, it remains a separate, inc	dependent entity solely responsible for
THIS IS	A RELEASE, READ BEFORE SIGN	IING
I agree that the Sponsoring Dealer, Harley Owner my Chapter and their respective officers, directors liable or responsible for injury to me (including par H.O.G.® Chapter activities and resulting from act Parties, even where the damage or injury is cause members and their guests participate voluntarily a damage arising out of the conduct of such activiti to my person or property which may result from the MEANS THAT I AGREE NOT TO SUE THE "RELIOR MY PROPERTY ARISING FROM, OR IN CONSPONSORING, PLANNING OR CONDUCTING STATES."	s, employees and agents (hereinafter ralysis or death) or damage to my protes or omissions occurring during the ped by negligence (except willful neglecand at their own risk in all H.O.G.® acties. I release and hold the "RELEASE my participation in H.O.G. activities ar EASED PARTIES" FOR ANY INJUR	the "RELEASED PARTIES") shall not be operty occurring during any H.O.G.® or performance of the duties of the Released ct). I understand and agree that all H.O.G.® ctivities and I assume all risks of injury and D PARTIES" harmless from any injury or loss and EVENT(S). I UNDERSTAND THAT THIS BY OR RESULTING DAMAGE TO MYSELF
WAIVER OF RIGHTS UNDER STATE STATUTES		
I further agree to waive all benefits flowing from a Indemnification Agreement including, but not limit	· -	
"A general release does not extend to the time of executing the release, which if kr		know or suspect to exist in his favor at the ected his settlement with the debtor."
By signing this Release, I certify that I have read to representations made by the "RELEASED PART	•	nd that I am not relying on any statements or
Member Signature:		_ Date:
Emergency Contact Name	Phone #	

RETURN THIS FORM TO YOUR CHAPTER