

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.® Mem	nbership:	
I have read the Annual Charter for H.O.G.	® Chapters and hereby agree to abide by it as a r	nember of this Dealer sponsored Chapter.
I recognize that while this Chapter is charits actions.	rtered with H.O.G.®, it remains a separate, indep	pendent entity solely responsible for
7	THIS IS A RELEASE, READ BEFORE SIGNIN	IG
Chapter and their respective officers, directly or responsible for injury to me (including of the Chapter activities and resulting from acts even where the damage or injury is cause and their guests participate voluntarily an arising out of the conduct of such activitic person or property which may result from THAT I AGREE NOT TO SUE THE "RELICATION"	by Owners Group® (H.O.G.®), Harley-Davidson, In ectors, employees and agents (hereinafter, the "I paralysis or death) or damage to my property of sor omissions occurring during the performance ed by negligence (except willful neglect). I under not at their own risk in all H.O.G.® activities and I es. I release and hold the "RELEASED PARTIES my participation in H.O.G. activities and EVEN EASED PARTIES" FOR ANY INJURY OR RESUNNECTION WITH, THE PERFORMANCE OF THENT(S).	RELEASED PARTIES") shall not be liable courring during any H.O.G.® or H.O.G.® of the duties of the Released Parties, stand and agree that all H.O.G.® members assume all risks of injury and damage (S") harmless from any injury or loss to my T(S). I UNDERSTAND THAT THIS MEANS ULTING DAMAGE TO MYSELF OR MY
	VAIVER OF RIGHTS UNDER STATE STATUT	
	g from any state statute which would negate or t not limited to, Section 1542 of the California Ci	
=	and to the claims which the creditor does not know or suspect to exist in his favor at the nich 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 "RELEASE"	ve read this Release and fully understand it and ED PARTIES".	that I am not relying on any statements or
Member Signature:		Date:
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.)