

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	nember of this Dealer sponsored Chapter.
I recognize that while this Chapter is chaits actions.	rtered with H.O.G.®, it remains a separate, independent	endent entity solely responsible for
	THIS IS A RELEASE, READ BEFORE SIGNING	G
Chapter and their respective officers, directly 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 activities person or property which may result from THAT I AGREE NOT TO SUE THE "REL	ey Owners Group® (H.O.G.®), Harley-Davidson, Incectors, employees and agents (hereinafter, the "Reparalysis or death) or damage to my property occas or omissions occurring during the performance of the death of the death of the second at their own risk in all H.O.G.® activities and I are ies. I release and hold the "RELEASED PARTIES" my participation in H.O.G. activities and EVENT EASED PARTIES" FOR ANY INJURY OR RESUNECTION WITH, THE PERFORMANCE OF THE ENT(S).	RELEASED 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 li t not limited to, Section 1542 of the California Civ	
_	d to the claims which the creditor does not know or suspect to exist in his favor at the ch if known to him must have materially affected his settlement with the debtor."	
By signing this Release, I certify that I has representations made by the "RELEASE	ve read this Release and fully understand it and the parties.	nat I am not relying on any statements or
Member Signature:		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.)