

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	er:
Expiration Date of National H.O.G.® Members	hip:	
I have read the Annual Charter for H.O.G.® Cha	apters and hereby agree to abide by it as	s a member of this Dealer sponsored Chapter.
I recognize that while this Chapter is chartered its actions.	d with H.O.G.®, it remains a separate, in	dependent entity solely responsible for
THIS	IS A RELEASE, READ BEFORE SIG	NING
I agree that the Sponsoring Dealer, Harley Ow Chapter and their respective officers, directors or responsible for injury to me (including paraly Chapter activities and resulting from acts or or even where the damage or injury is caused by and their guests participate voluntarily and at arising out of the conduct of such activities. In person or property which may result from my THAT I AGREE NOT TO SUE THE "RELEASE PROPERTY ARISING FROM, OR IN CONNECTION OR CONDUCTING SAID EVENT(STATES).	s, employees and agents (hereinafter, the ysis or death) or damage to my property missions occurring during the performation regligence (except willful neglect). I untheir own risk in all H.O.G.® activities and release and hold the "RELEASED PAR participation in H.O.G. activities and EVED PARTIES" FOR ANY INJURY OR RECTION WITH, THE PERFORMANCE OF	re "RELEASED PARTIES") shall not be liable by occurring during any H.O.G.® or H.O.G.® note of the duties of the Released Parties, derstand and agree that all H.O.G.® members and I assume all risks of injury and damage attes" harmless from any injury or loss to my (ENT(S). I UNDERSTAND THAT THIS MEANS ESULTING DAMAGE TO MYSELF OR MY
WAIV	ER OF RIGHTS UNDER STATE STAT	UTES
I further agree to waive all benefits flowing from Indemnification Agreement including, but not I		
<u> </u>	o the claims which the creditor does no if known to him must have materially aff	ot know or suspect to exist in his favor at the fected his settlement with the debtor."
By signing this Release, I certify that I have rearepresentations made by the "RELEASED PA	•	and 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.)