

CHAPTER MEMBERSHIP ENROLLMENT AND RELEASE FORM 2022

CHAPTER NAME: Niagara Falls NY Harley Owners Group#3436 - P.O. Box 491 - N. Tonawanda NY 14120

Last Name	First	Middle	Date
Street Address			Telephone #
City, State, Zip			National HOG Member #
Email Address			Expiration Date National HOG Membership
	or H.O.G. Chapters and hereby agree to abier is chartered with H.O.G., it remains a sep		
	-THIS IS A RELEASE –	- READ BEFORE S	SIGNING-
occurring during the performance neglect). I understand and agree all risks of injury and damage ari loss to my person or property wh UNDERSTAND THAT THIS M TO MYSELF OR MY PROPER'	e of the duties of the "RELEASED PARTI that all H.O.G. members and their guests particles out of the conduct of such activities. I sing out of the conduct of such activities. I with may result from my participation in H.O. EANS THAT I AGREE NOT TO SUE THE	IES", even where the damage participate voluntarily and a I release and hold the "REI O.G. activities and EVENT HE "RELEASED PARTIES.	ter activities and resulting from acts or omissions ge or injury is caused by negligence (except willfut their own risk in all H.O.G. activities and I assun LEASED PARTIES" harmless from any injury or (S). I S" FOR ANY INJURY OR RESULTING DAMAMANCE OF THEIR CHAPTER DUTIES IN
	WAIVER OF RIGHTS U	UNDER STATE ST	TATUTES
Agreement including, but not limited the creditor does not know or sussettlement with the debtor." By	spect to exist in his favor at the time of exec	il Code which provides: "A cuting the release, which if	be of this Release and Indemnification A general release does not extend to the claims which known to him must have materially affected his aderstand it and that I am not relying on any
<u>(</u>	Chapter Dues	Newsletters – Check one	
Loca	al Full Member: \$20.00 - per year \$55.00 - 3 years		nail - Free
(Dues not to exceed	maximum amount prescribed in "Charter to	for Local Chapters", as con	tained in the H.O.G. Chapter Handbook.)
CAL DUES PAID \$20.00/\$55.00	CASH / CHECK #	DATE PAID	CHAPTER MEMBERSHIP EXP. DATE December 31,

RETURN THIS FORM TO YOUR LOCAL CHAPTER

LOCAL CHAPTER MEMBERSHIP #:_