

CHAPTER MEMBERSHIP ENROLLMENT FORM AND RELEASE

Chapter Name:	Northshore HOG Chapter #2147	
Member Name:		
Mailing Address:		
City:	State:	Zip:
E-mail Address:		
Phone:	Member Nat'l H.O.G. Number:	
Expiration Date of National	onal H.O.G.® Membership:	
I have read the Annual	Charter for H.O.G.® Chapters and hereby agree to abide by it as a mer	mber of this Dealer sponsored Chapter.
I recognize that while the its actions.	his Chapter is chartered with H.O.G.®, it remains a separate, indepen	ident entity solely responsible for
	THIS IS A RELEASE, READ BEFORE SIGNING	
Chapter and their responsible for injury. Chapter activities and even where the damage and their guests participarising out of the conditional person or property whith THAT I AGREE NOT TO PROPERTY ARISING I	oring Dealer, Harley Owners Group® (H.O.G.®), Harley-Davidson, Inc., pective officers, directors, employees and agents (hereinafter, the "RE by to me (including paralysis or death) or damage to my property occur resulting from acts or omissions occurring during the performance of ge or injury is caused by negligence (except willful neglect). I understatipate voluntarily and at their own risk in all H.O.G.® activities and I assoluct of such activities. I release and hold the "RELEASED PARTIES" ich may result from my participation in H.O.G. activities and EVENT(SOUE THE "RELEASED PARTIES" FOR ANY INJURY OR RESULT FROM, OR IN CONNECTION WITH, THE PERFORMANCE OF THEIR DUCTING SAID EVENT(S).	LEASED PARTIES") shall not be liable irring during any H.O.G.® or H.O.G.® the duties of the Released Parties, and and agree that all H.O.G.® members sume all risks of injury and damage harmless from any injury or loss to my straightful DAMAGE TO MYSELF OR MY
	WAIVER OF RIGHTS UNDER STATE STATUTES	
=	e all benefits flowing from any state statute which would negate or limment including, but not limited to, Section 1542 of the California Civil	
•	ease does not extend to the claims which the creditor does not know ting the release, which if known to him must have materially affected	•
, , ,	e, I certify that I have read this Release and fully understand it and that by the "RELEASED PARTIES" .	t I am not relying on any statements or
Member Signature:	Dat	te:
Local Dues Paid \$:	Da	to.

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.)