

## 2025 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	bership:	
I have read the H.O.G.® Chapter Charter	and hereby agree to abide by it as a member 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
٦	THIS IS A RELEASE, READ BEFORE SIGNIN	IG
my Chapter and their respective officers, liable or responsible for injury to me (inclu H.O.G.® Chapter activities and resulting Parties, even where the damage or injury members and their guests participate vol damage arising out of the conduct of suc to my person or property which may resume MEANS THAT I AGREE NOT TO SUE TH	y Owners Group® (H.O.G.®), Harley-Davidson, directors, employees and agents (hereinafter, the ding paralysis or death) or damage to my proper from acts or omissions occurring during the per is caused by negligence (except willful neglect), funtarily and at their own risk in all H.O.G.® active activities. I release and hold the "RELEASED In the Information of the Transport of th	ne "RELEASED PARTIES") shall not be enty occurring during any H.O.G.® or formance of the duties of the Released I understand and agree that all H.O.G.® vities and I assume all risks of injury and PARTIES" harmless from any injury or loss EVENT(S). I UNDERSTAND THAT THIS OR RESULTING DAMAGE TO MYSELF
I further agree to waive all benefits flowing	VAIVER OF RIGHTS UNDER STATE STATUT g from any state statute which would negate or not limited to, Section 1542 of the California Cir	limit the scope of this Release and
·-	end to the claims which the creditor does not kn hich if known to him must have materially affect	
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:

RETURN THIS FORM TO YOUR CHAPTER