

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.® Member	ership:	
I have read the Annual Charter for H.O.G.® C	Chapters and hereby agree to abide by it as a m	nember of this Dealer sponsored Chapter.
I recognize that while this Chapter is charter its actions.	ered with H.O.G.®, it remains a separate, indep	endent entity solely responsible for
тн	IIS IS A RELEASE, READ BEFORE SIGNING	G
Chapter and their respective officers, direction or responsible for injury to me (including particle). Chapter activities and resulting from acts or even where the damage or injury is caused and their guests participate voluntarily and arising out of the conduct of such activities. person or property which may result from methods.	Owners Group® (H.O.G.®), Harley-Davidson, Incors, employees and agents (hereinafter, the "Foundation or death) or damage to my property occur omissions occurring during the performance by negligence (except willful neglect). I understat their own risk in all H.O.G.® activities and I at I release and hold the "RELEASED PARTIES my participation in H.O.G. activities and EVENT ASED PARTIES" FOR ANY INJURY OR RESUIECTION WITH, THE PERFORMANCE OF THE IT(S).	RELEASED PARTIES") shall not be liable curring during any H.O.G.® or H.O.G.® of the duties of the Released Parties, stand and agree that all H.O.G.® members assume all risks of injury and damage S" harmless from any injury or loss to my (S). I UNDERSTAND THAT THIS MEANS LTING DAMAGE TO MYSELF OR MY
WA	LIVER OF RIGHTS UNDER STATE STATUTE	ES
_	from any state statute which would negate or li ot limited to, Section 1542 of the California Civ	
9	d to the claims which the creditor does not knoch if known to him must have materially affecte	·
By signing this Release, I certify that I have representations made by the "RELEASED	read this Release and fully understand it and t PARTIES ".	hat I am not relying on any statements or
Member Signature:	0	Oate:
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.)

Ron Profit 2259 Maryhill Street SE East Wenatchee, Washington 98802