

CHAPTER MEMBERSHIP
ENROLLMENT FORM AND RELEASE

CHAPTER NAME _____
MEMBER NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
E-MAIL ADDRESS _____
PHONE NUMBER _____ MEMBER NAT'L H.O.G. NUMBER _____
EXPIRATION DATE OF NATIONAL H.O.G. MEMBERSHIP _____

I have read the Annual Charter for H.O.G. Chapters and hereby agree to abide by it as a member of this dealer sponsored chapter.

I recognize that while this Chapter is chartered with H.O.G., it remains a separate, independent entity solely responsible for its actions.

- THIS IS A RELEASE, READ BEFORE SIGNING -

I agree that the Sponsoring Dealer, Harley Owners Group (H.O.G.), Harley-Davidson, Inc., Harley-Davidson Motor Company, my Chapter and their respective officers, directors, employees and agents (hereinafter, the **"RELEASED PARTIES"**) shall not be liable or responsible for injury to me (including paralysis or death) or damage to my property occurring during any H.O.G. or H.O.G. chapter activities and resulting from acts or omissions occurring during the performance of the duties of the Released Parties, even where the damage or injury is caused by negligence (except willful neglect). I understand and agree that all H.O.G. members and their guests participate voluntarily and at their own risk in all H.O.G. activities and I assume all risks of injury and damage arising out of the conduct of such activities. I release and hold the **"RELEASED PARTIES"** harmless from any injury or loss to my person or property which may result from my participation in H.O.G. activities and EVENT(S). I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE THE **"RELEASED PARTIES"** FOR ANY INJURY OR RESULTING DAMAGE TO MYSELF OR MY PROPERTY ARISING FROM, OR IN CONNECTION WITH, THE PERFORMANCE OF THEIR CHAPTER DUTIES IN SPONSORING, PLANNING OR CONDUCTING SAID EVENT(S).

WAIVER OF RIGHTS UNDER STATE STATUTES

I further agree to waive all benefits flowing from any state statute which would negate or limit the scope of this Release and Indemnification Agreement including, but not limited to, Section 1542 of the California Civil Code which provides:

"A general release does not extend to the claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known to him must have materially affected his settlement with the debtor."

By signing this Release, I certify that I have read this Release and fully understand it and that I am not relying on any statements or representations made by the **"RELEASED PARTIES"**.

MEMBER SIGNATURE _____ DATE _____

LOCAL DUES PAID \$ _____ DATE _____

(Dues not to exceed maximum amount prescribed in, "Annual Charter for H.O.G. Chapters", as contained in the H.O.G. Chapter Handbook.)

RETURN THIS FORM TO YOUR CHAPTER

Chicago HOG Notification Preferences Form

To be submitted **ANNUALLY** along with the Chapter Membership Enrollment Form and Release

NAME: _____

FASTTRACK

If your email address and/or cell number have not changed since the last time you filled out this form and you wish to leave your notification preferences unchanged, simply check this box and sign and date the form. You're done!

If this is your first time filling out this form, or if you need to change any of your notification preferences, then skip this Fasttrack section and fill out the remainder of the form instead.

OR

Please do NOT send me/us a monthly newsletter via the postal mail. In order to save the Chapter printing and mailing costs, I/we will access the newsletter from the Chapter website. *

* As it is, members who are couples already receive only one newsletter via the postal mail. So if **either** member of a couple declines to receive a paper newsletter here, **neither** will receive one.

Please send updates on Chapter news and activities to the following email address(es):

Please REMOVE me from the Chapter email distribution list.

Please send updates on Chapter news and activities to the following text-message-capable cell phone:

NUMBER: _____ CARRIER: _____

Please REMOVE me from the Chapter text message distribution list.

All contact information you submit will be kept private; it will **not** be distributed to the Chapter at large or to anyone else.

SIGNATURE: _____ **DATE:** _____