

CHAPTER MEMBERSHIP ENROLLMENT FORM AND RELEASE

Chapter Name:	Indian Valley H.O.G. Chapter #3639, Sel	lersville PA.
Member Name:		
Mailing Address:		
City:	State:	Zip:
E-mail Address:		
Phone:	Member Nat'l H.O.G. Numbe	er:
Expiration Date of Nation	al H.O.G.® Membership:	
I have read the Annual Ch	narter 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 its actions.	Chapter is chartered with H.O.G.®, it remains a separate, in	dependent entity solely responsible for
	THIS IS A RELEASE, READ BEFORE SIGI	NING
Chapter and their respector responsible for injury to Chapter activities and reseven where the damage and their guests participal arising out of the conduct person or property which THAT I AGREE NOT TO	ng Dealer, Harley Owners Group® (H.O.G.®), Harley-Davidsor tive officers, directors, employees and agents (hereinafter, the orme (including paralysis or death) or damage to my property sulting from acts or omissions occurring during the performant or injury is caused by negligence (except willful neglect). I undeate voluntarily and at their own risk in all H.O.G.® activities and to f such activities. I release and hold the "RELEASED PAR" may result from my participation in H.O.G. activities and EVISUE THE "RELEASED PARTIES" FOR ANY INJURY OR RECOM, OR IN CONNECTION WITH, THE PERFORMANCE OF CTING SAID EVENT(S).	e "RELEASED PARTIES") shall not be liable of occurring during any H.O.G.® or H.O.G.® note of the duties of the Released Parties, derstand and agree that all H.O.G.® members of I assume all risks of injury and damage TIES" harmless from any injury or loss to my ENT(S). I UNDERSTAND THAT THIS MEANS ESULTING DAMAGE TO MYSELF OR MY
	WAIVER OF RIGHTS UNDER STATE STAT	UTES
=	Il benefits flowing from any state statute which would negate nt including, but not limited to, Section 1542 of the California	
· ·	se does not extend to the claims which the creditor does nogether the release, which if known to him must have materially aff	•
	certify that I have read this Release and fully understand it a the "RELEASED PARTIES".	nd that I am not relying on any statements or
Member Signature:		Date:
Local Dues Paid \$: 25	00	Nate:

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.)