



CHAPTER MEMBERSHIP ENROLLMENT FORM



Referred by: _____

CHAPTER NAME SEMINOLE COUNTY FLORIDA CHAPTER **DATE** _____

MEMBER NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

PHONE NUMBER _____ **NATIONAL H.O.G. #** _____

BIRTH DATE _____ **EXPIRATION DATE H.O.G.** _____

E-MAIL ADDRESS _____

LOCAL HOG CARD PREFERENCE (Circle One) **PICK UP @ NEXT MEETING** **MAILED**

MONTHLY HOGWASH if unable to attend meeting (Circle One): **CHECK WEBSITE** **MAILED**

I have read the Harley Owners Group for local chapters and hereby agree to abide by it as a member if this independent local chapter of the Harley Owners Group.

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 damages 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 or 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 the Release and fully understand it and that I am not relying on any statements or representations made by the "**RELEASED PARTIES**".

MEMBER SIGNATURE _____

LOCAL DUES PAID \$ _____ **DATE** _____

DUES PAID BY _____ **CASH** _____ **CHECK** _____

***** SEND ENROLLMENT FORM TO: TERESA GOUDREAU
1096 EAGLES WATCH TRAIL
WINTER SPRINGS, FL 32708**

Local Renewal dues are \$24.00 per year and are not pro-rated
Local New Members dues are \$24.00 per year / Pro-rated to \$15.00 for New Members joining from October to December

Make checks payable to: SCHOG

RETURN THIS FORM TO THE ADDRESS ABOVE