

H.O.G. CHAPTER MEMBERSHIP
ENROLLMENT FORM AND RELEASE

CHAPTER NAME MEDICINE HAT CHAPTER
#9120 _____
MEMBER NAME _____
ADDRESS _____
CITY _____ PROV _____ POSTCODE _____
E-MAIL ADDRESS _____
PHONE # _____ MEMBER NAT'L H.O.G. # _____
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).

CONSENT TO RELEASE INFORMATION

*This document is my consent to Harley- Davidson of Medicine Hat,
to provide and release information in their possession,
(i.e.; name, address, telephone number and E-mail address) to the Harley Owners Group Chapter # 9120 and
Ladies of Harley of Medicine Hat.*

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 _____
WITNESS _____ DATE _____
LOCAL DUES PAID \$ _____ DATE _____

LADIES OF HARLEY (L.O.H.) SIGN UP _____

(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