

CHAPTER MEMBERSHIP & RELEASE FORM

Chapter Members & Associates must each have an active National H.O.G. Number.
Call 1-800-CLUB-HOG or visit HOG.com for more information.



CHAPTER NAME: Twin Rivers Chapter

MEMBER NAME: _____

ASSOCIATE NAME (OPTIONAL): _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____

WORK PHONE: _____ CELL PHONE: _____ FAX: _____

MEMBER H.O.G. NUMBER: _____ EXP. DATE: _____ BIRTH DATE: _____

ASSOCIATE H.O.G. NUMBER: _____ EXP. DATE: _____ BIRTH DATE: _____

Would you like to receive the newsletter by e-mail or by post ? E-mail saves money. Would you like to be listed on our E-mail Tree? Yes No (The E-mail Tree is used to notify members of rides & events.)

I have read the Harley Owners Group Charter for local chapters and hereby agree to abide by it as a member of this dealer sponsored local chapter. I recognize that while my Local 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 Motor Company, my Local 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 during any H.O.G., or H.O.G. chapter activities, 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 DAMAGE TO MYSELF OR MY PROPERTY RESULTING FROM, OR IN CONNECTION WITH, ANY H.O.G. OR H.O.G. CHAPTER ACTIVITIES OR EVENTS.

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 the 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: _____

ASSOCIATE SIGNATURE: _____ DATE: _____

LOCAL DUES ENCLOSED (\$20 riding member/\$15 associate, non-riding member): \$_____ FOR YEAR: Jan-Dec.



After October 1, (of current year) add \$5 per person to participate in activities for the balance of this year, and we will apply your dues for next year.

Make checks payable to Twin Rivers Chapter. Dues are for the calendar year, Jan-Dec.

RETURN THIS FORM (WITH CHECK) TO:

Twin Rivers Chapter • 86441 College View Rd., Eugene, OR 97405 • ph 541.747.1033