CHAPTER MEMBERSHIP ENROLLMENT FORM AND RELEASE

Chapter Name: Liberty H.O.G. Chapter #	3909	
Member Name:		
Mailing Address:		
City:	State:	Zip:
E-mail Address:		
	Member Nat'l H.O.G. Number:	
	ership:	
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 charter its actions.	ered with H.O.G.®, it remains a separate, inde	ependent entity solely responsible for
TH	HIS IS A RELEASE, READ BEFORE SIGNI	NG
Chapter and their respective officers, direct or responsible for injury to me (including particular). Chapter activities and resulting from acts of even where the damage or injury is caused and their guests participate voluntarily and arising out of the conduct of such activities person or property which may result from the THAT I AGREE NOT TO SUE THE "RELEATION."	Owners Group® (H.O.G.®), Harley-Davidson, tors, employees and agents (hereinafter, the daralysis or death) or damage to my property or omissions occurring during the performance by pregligence (except willful neglect). I under at their own risk in all H.O.G.® activities and so. I release and hold the "RELEASED PARTIMAL my participation in H.O.G. activities and EVEN ASED PARTIES" FOR ANY INJURY OR RESPICTION WITH, THE PERFORMANCE OF THE NT(S).	"RELEASED PARTIES") shall not be liable occurring during any H.O.G.® or H.O.G.® be of the duties of the Released Parties, extand and agree that all H.O.G.® members I assume all risks of injury and damage (IES" harmless from any injury or loss to my NT(S). I UNDERSTAND THAT THIS MEANS SULTING DAMAGE TO MYSELF OR MY
WA	AIVER OF RIGHTS UNDER STATE STATU	TES
	from any state statute which would negate on the california Control of	
_	nd to the claims which the creditor does not keet if known to him must have materially affect	
By signing this Release, I certify that I have representations made by the "RELEASED	read this Release and fully understand it and PARTIES" .	d that I am not relying on any statements or
Member Signature:		Date:
Local Dues Paid \$:		Date:

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.)