Chapter Name: Syracuse, New York Chapter 3424	
Member Name:	
Mailing Address:	
City: State:	Zip:
E-mail Address:	
Phone: Member Nat'l H.O.G. Number:	
Expiration Date of National H.O.G.® Membership:	
I have read the H.O.G.® Chapter Charter and hereby agree to abide by it as a member of this Dea	aler sponsored Chapter.
I recognize that while this Chapter is chartered with H.O.G.®, it remains a separate, independent its actions.	t entity solely responsible for
THIS IS A RELEASE, READ BEFORE SIGNING	
I agree that the Sponsoring Dealer, Harley Owners Group® (H.O.G.®), Harley-Davidson, Inc., my Chapter and their respective officers, directors, employees and agents (hereinafter, the "RE liable or responsible for injury to me (including paralysis or death) or damage to my property of H.O.G.® Chapter activities and resulting from acts or omissions occurring during the performation Parties, even where the damage or injury is caused by negligence (except willful neglect). I under members and their guests participate voluntarily and at their own risk in all H.O.G.® activities adamage arising out of the conduct of such activities. I release and hold the "RELEASED PARTIE to my person or property which may result from my participation in H.O.G. activities and EVEN MEANS THAT I AGREE NOT TO SUE THE "RELEASED PARTIES" FOR ANY INJURY OR RECORMY PROPERTY ARISING FROM, OR IN CONNECTION WITH, THE PERFORMANCE OF TRENDSORING, PLANNING OR CONDUCTING SAID EVENT(S).	ELEASED PARTIES") shall not be occurring during any H.O.G.® or ance of the duties of the Released erstand and agree that all H.O.G.® and I assume all risks of injury and ES" harmless from any injury or loss T(S). I UNDERSTAND THAT THIS ESULTING DAMAGE TO MYSELF
WAIVER OF RIGHTS UNDER STATE STATUTES I further agree to waive all benefits flowing from any state statute which would negate or limit the Indemnification Agreement including, but not limited to, Section 1542 of the California Civil Co "A general release does not extend to the claims which the creditor does not know or stime of executing the release, which if known to him must have materially affected his By signing this Release, I certify that I have read this Release and fully understand it and that I are representations made by the "RELEASED PARTIES".	ode which provides: suspect to exist in his favor at the settlement with the debtor."
Member Signature: Date: _	

RETURN THIS FORM TO YOUR CHAPTER

Local Dues Paid: \$______ Date: _____