

2025 CHAPTER MEMBERSHIP ENROLLMENT FORM AND RELEASE

Chapter Name:	Bayside HOG Chapter #5316	
Member Name:		
Mailing Address:		
City:	State:	Zip:
E-mail Address:		
Phone:	Member Nat'l H.O.G. Number:	
Expiration Date of Na	ational H.O.G.® Membership:	
I have read the H.O.C	G.® Chapter Charter and hereby agree to abide by it as a member of this Dealer sp	onsored Chapter.
I recognize that while its actions.	e this Chapter is chartered with H.O.G., it remains a separate, independent entity	solely responsible for
	THIS IS A RELEASE, READ BEFORE SIGNING	
I agree that the Spo	onsoring Dealer, Harley Owners Group® (H.O.G.®), Harley-Davidson, Inc., Harley-D	Davidson Motor Company, my
or responsible for inj	spective officers, directors, employees and agents (hereinafter, the "RELEASED jury to me (including paralysis or death) or damage to my property occurring during resulting from acts or omissions occurring during the performance of the duties	ng any H.O.G.® or H.O.G.®
	nage or injury is caused by negligence (except willful neglect). I understand and ag	
	guests participate voluntarily and at their own risk in all H.O.G.® activities and I as	
damage arising out of	of the conduct of such activities. I release and hold the "RELEASED PARTIES"	harmless from any injury or
	r property which may result from my participation in H.O.G. activities and EVENT(I AGREE NOT TO SUE THE "RELEASED PARTIES" FOR ANY INJURY OR RE	
	OPERTY ARISING FROM, OR IN CONNECTION WITH, THE PERFORMANCE OPLANNING OR CONDUCTING SAID EVENT(S).	F THEIR CHAPTER DUTIES
	WAIVER OF RIGHTS UNDER STATE STATUTES	
•	ive all benefits flowing from any state statute which would negate or limit the sco ement including, but not limited to, Section 1542 of the California Civil Code which	
•	release does not extend to the claims which the creditor does not know or suspecuting the release, which if known to him must have materially affected his settler	
	ase, I certify that I have read this Release and fully understand it and that I am not de by the "RELEASED PARTIES".	relying on any statements or
Member Signature:	Date:	
	Date.	

RETURN THIS FORM TO YOUR CHAPTER