

Harley Owners Group Huronia Chapter # 9102 Membership Enrolment Form

Member Name: _____

Address: _____

City: _____ **Postal Code:** _____ **Telephone:** _____

Email: _____

International H.O.G. #: _____ **Expiry:** _____

I have read the Annual Charter for H.O.G. Chapters and hereby agree to abide by it as a member of this Retailer 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 Retailer, Harley Owners Group (H.O.G.), Harley-Davidson, Inc., Harley-Davidson Motor Company, Deeley H-D Canada, 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 wilful 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).

"A general release does not extend to the claims which the creditor does not know or suspect to exist in his favour 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's Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

Local Dues Paid: \$ 20.00/yr **Card Issued: Yes** **No** **Date:** _____

From Oct. 1st

Personal Privacy: Do you consent to your first name, initial of your last name and email address being posted in password protected area of the Huronia H.O.G. website? Yes: _____ (initial consent) No: _____ (initial refusal)

Return this form to: H.O.G. - Huronia Chapter, clo Barrie H-D., 311 Bryne Dr., Barrie, ON, L4N 8V4