

**POLK COUNTY FLORIDA CHAPTER OF H.O.G. #0687, INC.
CHAPTER MEMBERSHIP ENROLLMENT FORM AND RELEASE**

PLEASE PRINT

MEMBER NAME _____ SPOUSE _____

ADDRESS _____

CITY _____ STATE _____ ZIP: _____

TELEPHONE NUMBER: _____ CELL NUMBER (OPTIONAL) _____

BIRTH DATE _____ TYPE OF MOTORCYCLE _____

E-MAIL ADDRESS _____

NAT'L H.O.G. NUMBER _____ EXPIRATION DATE OF NATIONAL H.O.G. MEMBERSHIP _____

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 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, Inc., Harley-Davidson Motor Company, 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 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 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).

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 this 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 _____

WITNESS _____ DATE _____

LOCAL DUES PAID \$ _____ DATE _____

(Dues not to exceed maximum amount prescribed in, "Annual Charter for H.O.G. Chapters", as contained in the H.O.G. Chapter Handbook.)

RETURN THIS FORM TO YOUR CHAPTER

Polk County Harley Owner's Group
c/o Harley-Davidson/Buell of Lakeland
4202 Lakeland Hills Boulevard
Lakeland, FL 33809

POLK COUNTY FL CHAPTER 2010 ADDENDUM FORM

The purpose is to supplement the Chapter Membership Enrollment Form

(Which cannot be modified)

The Chapter acknowledges the privacy rights of our members; so for those who wish to be included in a directory of members, please indicate so by signing this form. The directory, if completed, will be the property of the member. Any data you want omitted can be checked below.

Note: I want to Omit (Address ___Phone___Cell Phone___Email___) from the directory. Cell-phone number:_____

Member signature:_____

Local Dues Paid \$20 (not prorated)

Cash \$_____Check \$_____Number_____

Does not to exceed maximum amount prescribed in "Annual Charter for H.O.G. Chapters" as contained in the HOG Chapter Handbook.

Return this form to:

Lakeland H-D (attn: **HOG mail box**), 4202 Lakeland Hills Blvd,
Lakeland, FL 33809

(Do not write below here)

2010 Data_____Email_____National HOG_____