

Central West NSW H.O.G. Chapter Membership form



Member name _____

Address _____

City/ State / Post Code _____ Phone Number _____

E-mail address _____ Birthday _____

INT'L H.O.G. MEMBER NUMBER _____ EXPIRATION DATE _____

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. The Charter is available via a link on the **Capital Harley-Davidson's** website, HOG page: www.capitalharleydavidson.com.au

I recognise 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., its affiliates and subsidiaries, 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 statutes

I further agree to waive all benefits flowing from any statute which would negate or limit the scope of this Release, Indemnification and Assumption of Risk Agreement.

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 _____

**Return this completed form to the Treasurer,
Central West Chapter**

Fees Paid \$ _____

DATE _____

Receipt number: _____

Revised 1 March 2007

FEES:
Full = \$30
Associates \$20
Child Associate \$10
with a reduction if there is
more than 2 children
Fees are for 12 months
due 1 January each year.