



CHAPTER MEMBERSHIP ENROLLMENT FORM



WESTMINSTER

Chapter Name: Pacific Coast Westminster

Chapter # 2 0 4 2

Member Name: _____ New Renewal

Address: _____

City: _____ State: CA Zip: _____

Telephone: () _____ Email: _____

National H.O.G.® #: _____ H.O.G.® Membership Expiration Date: / /

Person to Notify in Case of Emergency:

Name: _____ Telephone: () _____

Optional Information:

Birthday: Mon: / Day: _____ Wedding Anniversary: Mon: / Day: _____

Please check box if you wish to participate: Name, phone and email on distributed member roster

Ladies of HOG (LOH)

PLEASE READ THIS RELEASE BEFORE SIGNING

I have read the Harley Owners Group® charter for local chapters and hereby agree to abide by it as a member of this independent local chapter of the Harley Owners Group®. I recognize that while my local chapter must be affiliated with H.O.G.®, it remains a separate, independent entity solely responsible for its actions.

I also agree that the sponsoring dealer, Harley-Davidson of Westminster, their agents or representatives, the Harley Owners Group® and Harley-Davidson and my local chapter shall not be liable or responsible for damage to property or any injury to person including myself during any H.O.G.® or H.O.G.® chapter activities, even where the damage or injury is caused by negligence (except willful neglect). I understand that and agree that all Harley Owners Group® members and their guest participate voluntarily and at their own risk in all H.O.G.® and H.O.G.® chapter activities. I release and hold the chapter officers, sponsoring dealer, Harley-Davidson of Westminster, their agents or representatives, H.O.G.® and Harley-Davidson harmless for any injury or loss to my person or property which may result therefrom. I understand that this means that I agree not to sue the chapter officers, sponsoring dealer, Harley-Davidson of Westminster, their agents or representatives, H.O.G.® and Harley-Davidson for any injury resulting to myself or my property in connection with any H.O.G.® or H.O.G.® chapter activities.

FOR CALIFORNIA RESIDENTS

I further agree to waive all benefits flowing from any California statute or the statute of any other state which would otherwise limit the scope of this release and indemnification, 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 of anyone released thereby.

Member Signature: _____ Date: / /

Witness: _____ Date: / /

(\$24 Membership Fee) 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