Chapter Name: St. Croix Valley HOG Chapter		
Member Name:		
Mailing Address:		
City:	State:	Zip:
E-mail Address:		
Phone:	Member Nat'l H.O.G. Numbe	r:
Expiration Date of National H.O.G.® Membersh	ip:	
I have read the Annual Charter for H.O.G.® Chap	oters and hereby agree to abide by it as	a member of this Dealer sponsored Chapter.
I recognize that while this Chapter is chartered its actions.	with H.O.G.®, it remains a separate, inc	lependent entity solely responsible for
THIS	S A RELEASE, READ BEFORE SIGN	IING
I agree that the Sponsoring Dealer, Harley Own Chapter and their respective officers, directors, or responsible for injury to me (including paralystic Chapter activities and resulting from acts or or even where the damage or injury is caused by and their guests participate voluntarily and at the arising out of the conduct of such activities. I reperson or property which may result from my parallel That I Agree NOT TO SUE THE "RELEASEI PROPERTY ARISING FROM, OR IN CONNECT PLANNING OR CONDUCTING SAID EVENT(S)	employees and agents (hereinafter, the sis or death) or damage to my property hissions occurring during the performan negligence (except willful neglect). I und heir own risk in all H.O.G.® activities and elease and hold the "RELEASED PART PARTICIPATION IN H.O.G. activities and EVED PARTIES" FOR ANY INJURY OR RETION WITH, THE PERFORMANCE OF T	e "RELEASED PARTIES") shall not be liable occurring during any H.O.G.® or H.O.G.® ce of the duties of the Released Parties, lerstand and agree that all H.O.G.® members I I assume all risks of injury and damage TIES" harmless from any injury or loss to my ENT(S). I UNDERSTAND THAT THIS MEANS SULTING DAMAGE TO MYSELF OR MY
WAIVE	R OF RIGHTS UNDER STATE STATU	JTES
I further agree to waive all benefits flowing from Indemnification Agreement including, but not lir		
_	the claims which the creditor does not known to him must have materially affe	know or suspect to exist in his favor at the ected his settlement with the debtor."
By signing this Release, I certify that I have read representations made by the "RELEASED PAI	·	nd that I am not relying on any statements or
Member Signature:		_ Date:
Local Dues Paid \$:		Nate:

RETURN THIS FORM TO YOUR CHAPTER

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