Chapter Name: SYRACUSE, NEW Y	ORK CHAPTER 3424	
Member Name:		
Mailing Address:		
City:		
E-mail Address:		
Phone:		
Expiration Date of National H.O.G.® Members	hip:	
I have read the Annual Charter for H.O.G.® Cha	apters 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.	d with H.O.G.®, it remains a separate, inde	ependent entity solely responsible for
THIS	IS A RELEASE, READ BEFORE SIGNI	NG
I agree that the Sponsoring Dealer, Harley Ow Chapter and their respective officers, directors or responsible for injury to me (including paraly Chapter activities and resulting from acts or o even where the damage or injury is caused by and their guests participate voluntarily and at arising out of the conduct of such activities. It person or property which may result from my THAT I AGREE NOT TO SUE THE "RELEASI PROPERTY ARISING FROM, OR IN CONNECT PLANNING OR CONDUCTING SAID EVENT(ST)	s, employees and agents (hereinafter, the ysis or death) or damage to my property of missions occurring during the performance regligence (except willful neglect). I under their own risk in all H.O.G.® activities and release and hold the "RELEASED PARTIPARTICIPATION IN H.O.G. activities and EVEI PARTIES" FOR ANY INJURY OR RESECTION WITH, THE PERFORMANCE OF The	"RELEASED PARTIES") shall not be liable occurring during any H.O.G.® or H.O.G.® be of the duties of the Released Parties, erstand and agree that all H.O.G.® members I assume all risks of injury and damage IES" harmless from any injury or loss to my NT(S). I UNDERSTAND THAT THIS MEANS SULTING DAMAGE TO MYSELF OR MY
WAIV	ER OF RIGHTS UNDER STATE STATU	TES
I further agree to waive all benefits flowing from Indemnification Agreement including, but not	,	· ·
_	the claims which the creditor does not know or suspect to exist in his favor at the known to him must have materially affected his settlement with the debtor."	
By signing this Release, I certify that I have rearepresentations made by the "RELEASED PA		d that I am not relying on any statements or
Member Signature:		_ Date:
Local Dues Paid \$:		Date:

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.)