2026 CHAPTER MEMBERSHIP ENROLLMENT FORM AND RELEASE

Chapter Name: Washington PA Harley Owners Group #1928

Member Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Phone: _____ Member Nat'l H.O.G. Number: _____

Expiration Date of National H.O.G.® Membership: _____

I have read the H.O.G.® Chapter Charter 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: _____

RETURN THIS FORM TO YOUR CHAPTER

Photography Release

I hereby authorize Washington PA Harley Owners Group 1928, hereafter referred to as "WPA HOG", Its assigns and transferees to take, edit, alter, copy, exhibit, publish, distribute, copyright and make use of photographs and video taken of me and my property for use in the WPA HOG's print, online and video-based marketing materials as well as other social media sites and WPA HOG publications.

I agree that WPA HOG may use such photographs and video of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I understand and agree that these images become the property of WPA HOG and will not be returned.

I hereby release and hold harmless WPA HOG from any reasonable expectation of privacy or confidentiality associated with the image specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in WPA HOG marketing materials or other WPA HOG publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release WPA HOG, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

Authorization

Printed Name: _____

Signature: _____

Street Address: _____

City: __ _____ State: ____ _____ Zip: _____

PERSONAL EMERGENCY CONTACT INFORMATION

Contact Name: _____

Contact's Relationship: _____ _____

Emergency Phone #: _____