



# 2025 CHAPTER MEMBERSHIP ENROLLMENT FORM AND RELEASE

Chapter Name: \_\_\_\_\_

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: \_\_\_\_\_

LOCAL DUES PAID \$20 \_\_\_\_\_ CASH \_\_\_\_\_ CHECK \_\_\_\_\_ CHARGE INITIALS OF PARTY RECEIVING PAYMENT \_\_\_\_\_

**RETURN THIS FORM TO YOUR CHAPTER**



Frontier H.O.G.  
Chapter #5575

## Supplemental Membership Form

FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SIGNIFICANT OTHER:

FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

NATIONAL HOG MEMBERSHIP TYPE (check one): Full  Full Lifetime  Associate  Associate Lifetime

NATIONAL HOG MEMBER SINCE: \_\_\_\_\_

YEAR: \_\_\_\_\_ MOTORCYCLE MODEL: \_\_\_\_\_

EMERGENCY CONTACT:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

WOULD YOU LIKE TO BE A VOLUNTEER? \_\_\_\_\_ Yes  No

WOULD YOU LIKE TO BE A ROAD CAPTAIN? \_\_\_\_\_ Yes  No

WOULD YOU LIKE TO BE A VOLUNTEER AT A POKER RUN? \_\_\_\_\_ Yes  No

WOULD YOU LIKE TO BE A PRIMARY OFFICER? \_\_\_\_\_ Yes  No   
(DIRECTOR, ASSISTANT DIRECTOR, SECRETARY, TREASURER)

WOULD YOU LIKE TO BE AN OFFICER? \_\_\_\_\_ Yes  No   
(HISTORIAN, MEMBERSHIP, PHOTOGRAPHER,  
MILEAGE, SAFETY, IRON SLOB, MDA COORDINATOR)

Please be sure to sign the release on the reverse side and mail this with your check for \$20.00 to:

Frontier H.O.G Chapter #5575  
205 N.W. 40<sup>th</sup> St.  
Lincoln, NE 68528