

**NORTHWESTERN TENNESSEE HOG # 4949
2009 CHAPTER ENROLLMENT AND RELEASE FORM**

Member Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ E-Mail Address: _____

Nat'l HOG Number: US _____ Expiration Date: _____

I have read the Annual Charter for H.O.G. Chapters 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 Abernathy's Harley Davidson, Harley Owners Group (H.O.G.), Harley-Davidson, Inc., Harley-Davidson Motor Company, Northwestern Tennessee H.O.G. 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 events. 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 EVENTS.

WAIVER OR 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: _____

Witness By: _____ Date: _____

_____ Local Dues of **\$20.00** paid for calendar year ***Jan 1, 2009 thru Dec 31, 2009***

EMERGENCY INFORMATION

RIDER INFORMATION:

NAME: _____

DATE OF BIRTH _____ SS# _____

MARRIED _____ SINGLE _____ NAME OF SPOUSE: _____

MEDICAL INFORMATION:

NAME & PHONE # OF DOCTOR: _____

DR'S ADDRESS: _____

ALLERGIES: _____

MEDICAL CONDITIONS: _____

BLOOD TYPE: _____

DAILY MEDICATION TAKEN: _____

LOCATION OF MEDICATION KEPT ON YOUR PERSON: _____

MISCELLANEOUS INFORMATION (contact lenses, false teeth, etc): _____

EMERGENCY CONTACTS:

NAME: _____ RELATIONSHIP: _____

PHONE #'S: HOME: _____ WORK: _____ CELL: _____

NAME: _____ RELATIONSHIP: _____

PHONE #'S: HOME: _____ WORK: _____ CELL: _____

NAME: _____ RELATIONSHIP: _____

PHONE #'S: HOME: _____ WORK: _____ CELL: _____