



**DARWIN CHAPTER
LOCAL CHAPTER MEMBER ENROLMENT FORM AND RELEASE**

Applicant's Name:

Residential Address:.....

Postal Address:

Telephone: (H)(W)

(Mobile).....

Facsimile:

Email:

HOG Member Numbers: Chapter #:..... International #:

Expiry Date: Local: 30 Jun 2012 International Expiry:

Chapter Name: Darwin Chapter

Dealer City & State: Darwin NT

I have read the Annual charter for the HARLEY Owners Group® (H.O.G.) and hereby agree to abide by it as a member of this dealer sponsored chapter.

I recognise that while the Darwin 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, H.O.G., Harley-Davidson, Inc. Harley-Davidson Motor Company, and the Darwin 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 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 injury or damage is caused by negligence (except wilful 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 Released Parties harmless for 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 conduction said event(s).

WAIVER OF RIGHTS UNDER STATUTES

I further agree to waive all benefits flowing from any statute which would negate or limit the scope of this Release, Indemnification and Assumption of Risk agreement. By signing this Release, I certify that I have read this Release and fully understand it and that I am not relying on any statement or representations made by the Released Parties.

Applicant's signature: **Date:**

Witness: **Date:**

New Member: \$20.00

Renewal: \$12.50

Receipt No: **Date:**