



# 2024

## Seattle Chapter HOG #4486

Thank you for your interest in joining the Seattle Harley Owners Group Chapter #4486.

We request that you complete the following two forms:

**HOG Chapter Membership Enrollment Form and Release  
Chapter Roster/Emergency Information**

Please return these forms to our Membership Officer at the next General Membership meeting, or mail them to:

**Gabrielle Rosenfelt  
Seattle HOG Chapter Membership  
2854 Blaine Ave NE  
Renton, WA 98056**



## SEATTLE CHAPTER #4486 MEMBERSHIP APPLICATION CHAPTER ROSTER/EMERGENCY INFORMATION

The information in these forms will not be sold or distributed outside of the Officers of the Seattle HOG Chapter #4486 and will only be used for the furtherance of Chapter business. To protect the privacy of our members, Seattle HOG #4486 has adopted an “opt in” policy for the sharing of personal information. This means that each member must specifically designate which information may be shared with the general membership of the Chapter.

**NOTE: All forms must be filled out completely, signed and dated. Incomplete forms will be rejected and returned for correction.**

- New Member
- Renewal

Chapter Dues **\$35.00** (Checks Payable To: Seattle Chapter HOG)

Y	N	Please check Yes or No to allow the Officers of Seattle HOG #4486 to share your information with the other members of the Chapter for the current year.
<input type="checkbox"/>	<input type="checkbox"/>	First Name:
<input type="checkbox"/>	<input type="checkbox"/>	Last Name:
<input type="checkbox"/>	<input type="checkbox"/>	Address:
<input type="checkbox"/>	<input type="checkbox"/>	City:
<input type="checkbox"/>	<input type="checkbox"/>	State:
<input type="checkbox"/>	<input type="checkbox"/>	Zip Code:
<input type="checkbox"/>	<input type="checkbox"/>	Phone:
<input type="checkbox"/>	<input type="checkbox"/>	National HOG Number:
<input type="checkbox"/>	<input type="checkbox"/>	National HOG Expiration:
<input type="checkbox"/>	<input type="checkbox"/>	Birthday:
<input type="checkbox"/>	<input type="checkbox"/>	Email:
<input type="checkbox"/>	<input type="checkbox"/>	Newslist - Opt-In**
<input type="checkbox"/>	<input type="checkbox"/>	Emergency Contact:
<input type="checkbox"/>	<input type="checkbox"/>	Emergency Phone 1:
<input type="checkbox"/>	<input type="checkbox"/>	Emergency Phone 2:
<input type="checkbox"/>	<input type="checkbox"/>	Emergency Relationship:
<input type="checkbox"/>	<input type="checkbox"/>	Emergency Contact 2 (optional):
<input type="checkbox"/>	<input type="checkbox"/>	Emergency Phone 1:
<input type="checkbox"/>	<input type="checkbox"/>	Emergency Phone 2:
<input type="checkbox"/>	<input type="checkbox"/>	Emergency Relationship:

\*\*Electronic distribution of the Newsletter is by download from the Chapter web site. If you have opted into the Seattle HOG Newslist, you will receive notification via e-mail when the Newsletter has been posted.

**Membership Officer Use Only**

- National HOG Verified
- Dues Paid     Associate     Cash     Certificate     Check # \_\_\_\_\_
- Roster Updated
- Card Issued



# 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: \_\_\_\_\_

**RETURN THIS FORM TO YOUR CHAPTER**