

**VANCOUVER ISLAND CHAPTER
HARLEY OWNERS GROUP
Chapter Enrollment Form
Please Print and Mail-In**

MEMBER'S NAME: _____
ADDRESS: _____
CITY: _____
PROVINCE: _____ **POSTAL CODE:** _____
H.O.G. MEMBERSHIP NO. _____ **EXP. DATE** _____
HOME PHONE (____) _____ **FAX** (____) _____
E-mail ADDRESS _____

I have read the Harley Owners Group Canada Ltd. Local Chapter Constitution and hereby agree to abide by it if I am accepted as a member of this independent local chapter of the Harley Owners Group Canada Ltd. I recognize that while my Local Chapter maybe affiliated with H.O.G.®, it remains a separate, independent entity, solely responsible for its actions.

----THIS IS A RELEASE, READ BEFORE SIGNING----

I also agree that the Sponsoring Dealer - Steve Drane Harley-Davidson Ltd, the Harley Owners Group Canada Ltd.; Deeley Harley-Davidson Canada Ltd., Harley-Davidson Inc., H.O.G. and my local chapter shall not be liable or responsible for damage to property or any injury to persons including myself during any H.O.G. or H.O.G. Chapter activities, even where the damage or injury is caused by negligence (except willful neglect). I understand that and agree all Harley Owners Group members and their guests participate voluntarily and at their own risk in all H.O.G. and H.O.G. Chapter activities. I release and hold the Steve Drane Harley-Davidson Ltd., The Harley Owners Group Canada Ltd., Deeley Harley-Davidson Canada Ltd., Harley-Davidson Inc., H.O.G.® and my local chapter harmless for any injury or loss to my person or property which may result therefrom. I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE **"STEVE DRANE HARLEY-DAVIDSON LTD., H.O.G. or DEELEY HARLEY-DAVIDSON CANADA LTD"** FOR ANY INJURY OR DAMAGE TO MYSELF OR MY PROPERTY RESULTING FROM, OR IN CONNECTION WITH, ANY H.O.G. OR H.O.G. CHAPTER ACTIVITIES OR EVENTS.

I have read the above release

MEMBER'S SIGNATURE _____ **DATE** _____

Local Dues Paid (if applicable) \$ _____

(Dues cannot exceed \$20.00 per year)

Mail to: Steve Drane Harley-Davidson LTD, 735 Cloverdale Avenue, Victoria, BC V8X 2S6

Local Chapter Director Approval

DIRECTOR'S SIGNATURE _____ **DATE** _____