

NATIONAL MEMBERS REDDING CALIFORNIA., INC.
MEMBERSHIP ENROLLMENT FORM AND RELEASE

MEMBER NAME _____

ADDRESS _____

CITY STATE ZIP _____

E MAIL ADDRESS _____

PHONE NUMBER _____ MEMBER NAT'L H.O.G. NUMBER _____

EXPIRATION DATE OF NATIONAL H.O.G. MEMBERSHIP _____

I have read the National Charter for H.O.G. members and hereby agree to abide by it. I recognize that while participating with this National group, I remain a separate, independent entity solely responsible for my own actions.

THIS IS A RELEASE, READ BEFORE SIGNING

I agree that the National Members Redding Calif., Inc., my group and their respective leaders 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 National group 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 National members and their guests participate voluntarily and at their own risk in all National activities and I assume all risks of injury and damage arising out of the conduct of such activities. I release the "**RELEASED PARTIES**" from any injury or loss to my person or property which may result from my participation in National Members 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 GROUP DUTIES IN 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 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 \$ _____ DATE _____

National Members Redding, California

Membership Info

Your Birthday: Month:_____ Day:_____

I give permission for the National Members Redding, CA to:

Put my e-mail address & phone number on a **Members Only roster**. This is for Members Only and is not to be used for solicitation.

YES_____NO_____

Your local Newsletter will be sent monthly by e-Mail. If you do not receive it, please contact the group secretary.

Disclaimer regarding PHOTOGRAPHS/VIDEOS: Please be aware that photographs &/or videos may be taken at various group events including meetings. Some, if not all, of these photo/videos may be viewed in the group website, as well as in the yearly group photo album/DVD's maintained by the Historian.

In case of emergency please call the following person:

Name_____

Home Phone#_____ Work Phone # _____

Cell Phone #_____ Today's Date _____

Please allow 2-3 weeks for processing and for your name to appear on the membership list.

Return to membership officer at group meeting or

Mail both completed pages along with your \$25.00 payment to: (Checks should be payable to **National Members Redding, CA, Inc.**)

National Members Redding, CA, Inc.
P. O. Box 993956
Redding, CA 96099

Remember to pay your National dues before submitting your local dues. THANK YOU