

Arrowhead H.O.G. Chapter 5104 Official Sign-In Sheet

Road Captain: _____

Miles This Ride: _____ Date: _____

Ride: _____



Print Name		Signature	R	p	Mileage	last 6 Vin	Year
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

This form is for dealership tracking of rides, participation, for dealership incentives and awards.

THIS FORM IS NOT FOR H.O.G. Ride 365 mileage entry.

Print Name		Signature	R	P	Mileage	Last 6 Vin	Year
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
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51							
52							
53							
54							
55							
56							
57							



2026 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



CHAPTER INCIDENT REPORT

Mail or fax completed form to:

Harley-Davidson Insurance

222 W. Adams, Suite 3100

Chicago, IL 60606

FAX: 800-699-2142 • **PHONE:** 888-690-5600 • **EMAIL:** dealershipinsurance@hdfsi.com

Chapter Name: _____ Chapter #: _____

Reporting Chapter Officer Name: _____ Home Phone: _____

Mailing Address: _____ Work Phone: _____

_____ Best time to call: _____

E-mail Address: _____

Date of Injury: _____

Place of Injury: _____

Name, address, ages of person(s) injured:

Names, addresses, telephone numbers of persons who saw incident. Attach extra sheets if necessary.

When, where, how injury occurred. Attach a separate sheet if necessary.

Type of injury. Check appropriate boxes.

Fatal	Head	Neck	Back/Spine	Arms	Legs	Internal Injuries	Amputation	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name, address, phone number of person(s) having pictures of accident scene:

Name, address, phone number of responding police department and complaint #:

ATTACH A PHOTOCOPY OF EACH INJURED PERSON'S SIGNED RELEASE FORM (REQUIRED).
ATTACH THE POLICE REPORT IF AVAILABLE. ONLY POLICE SHOULD TAKE WITNESS REPORTS.



CHAPTER EVENT RELEASE FORM FOR ADULTS

Name of **EVENT(S)**: _____ Date: _____

Location: _____

The undersigned (on my own behalf and on behalf of my heirs, personal representatives, successors and assigns), for and in consideration of the opportunity to participate in a "Ride," "Poker Run," "Rally," "Field Meet" or "Activity" (hereinafter, **EVENT(S)**) sponsored and/or conducted by Harley-Davidson, Inc., Harley-Davidson Motor Company, the Harley Owners Group®, authorized Harley-Davidson Dealer(s) and/or local H.O.G.® chartered Chapter(s) and their respective officers, directors, employees and agents (hereinafter, the **"RELEASED PARTIES"**) releases and holds harmless the **"RELEASED PARTIES"** from any and all claims and demands, rights and causes of action of any kind whatsoever which I now have or later may have against the **"RELEASED PARTIES"** in any way resulting from, arising out of, or in connection with the performance of their Chapter duties and my participation in any said **EVENT(S)**.

This Release extends to any and all claims I have or later may have against the **"RELEASED PARTIES"** resulting from or arising out of their performance of their Chapter duties whether or not such claims result from negligence (except willful neglect) on the part of any or all of the **"RELEASED PARTIES"** with respect to the **EVENT(S)** or with respect to the conditions, qualifications, instructions, rules or procedures under which the **EVENT(S)** are conducted or from any other cause. I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE ANY OR ALL OF THE **"RELEASED PARTIES"** FOR ANY INJURY RESULTING TO MYSELF OR MY PROPERTY ARISING FROM, OR IN CONNECTION WITH THE PERFORMANCE OF THEIR CHAPTER DUTIES IN SPONSORING, PLANNING OR CONDUCTING THE EVENTS.

I am experienced in and familiar with the operation of motorcycles and fully understand the risks and dangers inherent in motorcycling. I am voluntarily participating in the **EVENT(S)** and I expressly agree to assume the entire risk of any accidents or personal injury, including death, which I might sustain to my person and property as a result of my participation in the events, and any negligence (except willful neglect) on the part of any or all of the **"RELEASED PARTIES"** in performing their chapter duties.

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 this 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."**

THIS IS A RELEASE – READ BEFORE SIGNING

Rider

Signature: _____

Print Name: _____

Address: _____

City/State/Zip: _____

Date: _____

Passenger

Signature: _____

Print Name: _____

Address: _____

City/State/Zip: _____

Date: _____



CHAPTER EVENT RELEASE FORM FOR MINORS

Chapter Name: _____ Date: _____

Event Name/Location: _____

In consideration of my minor child ("the **Minor**") being permitted to participate in a "Ride," "Poker Run," "Rally," "Field Meet" or "Activity" (hereinafter, **EVENT(S)**) sponsored and/or conducted by Harley-Davidson, Inc., Harley-Davidson Motor Company, the Harley Owners Group®, authorized Harley-Davidson Dealer(s) and/or local H.O.G.® chartered Chapter(s) and their respective officers, directors, employees and agents (hereinafter, the "**RELEASED PARTIES**") I agree as follows:

1. I know the nature of the **EVENT(S)** and the **Minor's** experience and capabilities, and believe the Minor to be qualified to participate, in the **EVENT(S)** or enter into restricted areas where the **EVENT(S)** are conducted. IF I OR THE **MINOR** BELIEVE ANYTHING IS UNSAFE, I WILL INSTRUCT THE **MINOR** TO IMMEDIATELY CEASE OR REFUSE TO PARTICIPATE FURTHER IN THE **EVENT(S)** AND/OR LEAVE THE RESTRICTED AREA.
2. I FULLY UNDERSTAND and will instruct the **Minor** that: (a) THE ACTIVITIES OF THE **EVENT(S)** MAY BE DANGEROUS and participation in the **EVENT(S)** and/or entry into Restricted Areas may involve RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by the **Minor's** own actions or inactions, the actions or inactions of others participating in the **EVENT(S)**, the rules of the **EVENT(S)**, the condition and layout of the premises and equipment, or THE NEGLIGENCE OF THE "**RELEASED PARTIES**" in performing their Chapter duties; (c) there may be OTHER RISKS NOT KNOWN TO ME or that are not readily foreseeable at this time; (d) THE SOCIAL AND ECONOMIC LOSSES and/or damages that could result from those Risks COULD BE SEVERE AND COULD PERMANENTLY CHANGE THE **MINOR'S** FUTURE.
3. I consent to the **Minor's** participation in the **EVENT(S)** and/or entry into restricted areas and HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY FOR THE LOSSES, COSTS AND OR DAMAGES FOLLOWING SUCH INJURY, DISABILITY, PARALYSIS OR DEATH, EVEN IF CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE "**RELEASED PARTIES**" IN PERFORMING THEIR CHAPTER DUTIES.
4. I HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE the "**RELEASED PARTIES**" sponsors, advertisers, owners and lessors of the premises used to conduct the **EVENT(S)**, FROM ALL LIABILITY TO ME, THE **MINOR**, my and the Minor's personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON ACCOUNT OF ANY INJURY, including, but not limited to, death or damage to property, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "**RELEASED PARTIES**" in performing their Chapter duties.
5. If, despite, this **release**, I, the **Minor** or anyone on the **Minor's** behalf makes a claim against any of the "**RELEASED PARTIES**" named above, I AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE "**RELEASED PARTIES**" and each of them from ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE, OR COST THEY MAY INCUR DUE TO THE CLAIM MADE AGAINST ANY OF THE "**RELEASED PARTIES**" NAMED ABOVE, ASSERTING NEGLIGENCE ON THE PART OF THE "**RELEASED PARTIES**" in performing their Chapter duties.
6. I sign this agreement on my own behalf and on behalf of the **Minor**.

I HAVE READ THIS PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, UNDERSTAND THAT BY SIGNING IT I GIVE UP SUBSTANTIAL RIGHTS I AND/OR THE **MINOR** WOULD OTHERWISE HAVE TO RECOVER DAMAGES FOR LOSSES OCCASIONED BY THE "**RELEASED PARTIES**" FAULT, AND SIGN IT VOLUNTARILY AND WITHOUT INDUCEMENT.

Child's Name (printed): _____

(Signature of Parent or Guardian)

(Printed Name of Parent or Guardian)



MINOR'S ASSUMPTION OF RISK ACKNOWLEDGMENT

Name of Event: _____ Date: _____

Location: _____

I have obtained my parent's consent to participate in the **ACTIVITIES** conducted over the course of the above **EVENT(S)** and/or enter into restricted areas. I understand that I am assuming all of the risks of personal injury which might occur during the **EVENT ACTIVITIES** and I state the following:

1. Both my parents and I believe I am qualified to participate in the **EVENT ACTIVITIES** and/or enter into restricted areas established in connection with the **EVENT ACTIVITIES**. I will inspect the area and equipment and if, at any time, I feel anything to be unsafe, I will immediately leave and refuse to participate further in the **EVENT ACTIVITIES**.
2. I understand that the **EVENT ACTIVITIES** MAY BE VERY DANGEROUS AND INVOLVE RISKS AND DANGERS OF MY BEING SERIOUSLY INJURED OR HURT, MY BEING PARALYZED OR KILLED.
3. I know that these risks and dangers may be caused by my own actions or inaction, the action or inaction of others participating in the **EVENT ACTIVITIES**, the rules of the **EVENT ACTIVITIES**, the condition and layout of the premises and equipment, or the negligence of others, including those persons responsible for conducting the **EVENT ACTIVITIES**.

I HAVE READ THE ABOVE ASSUMPTION OF RISK ACKNOWLEDGMENT, UNDERSTAND WHAT I HAVE READ, AND SIGN IT VOLUNTARILY.

(Signature of Minor Participant)

(Date)

(Printed Name of Minor Participant)

(Age)



H.O.G: MILEAGE RECOGNITION FORM

SEE OTHER SIDE FOR PROGRAM DETAILS



Get riding! And while you're at it, earn pins, patches and motorcycle medallions -
all for riding your Harley-Davidson® motorcycle!

Rider Email

First Name

Last Name

Street Address

City

State

ZIP

Home Phone Number

H.O.G. Number

(including Country Code)

Passenger Email

First Name

Last Name

Street Address

City

State

ZIP

Home Phone Number

H.O.G. Number

(including Country Code)

IMPORTANT NOTE: Each Harley-Davidson motorcycle must be enrolled prior to accumulating miles.

(VIN = Vehicle Identification Number)

FILL OUT THIS SECTION TO:

ENROLL (START IN THE MILEAGE RECOGNITION) OR ADD ADDITIONAL BIKE(S)

VIN

Current Odometer

D Miles D Kilometers

VIN

Current Odometer

D Miles D Kilometers

FILL OUT THIS SECTION TO:

REPORT MILEAGE FOR ENROLLED BIKE(S) OR FOR BIKE(S) SOLD

VIN

Current Odometer

D Miles D Kilometers

VIN

Current Odometer

D Miles D Kilometers

VIN

Current Odometer

D Miles D Kilometers

NOTE: An entry should be made in both sections above to report a vehicle trade.

DEALER ENDORSEMENT (REQUIRED):

Dealer Name

Dealer Number

Dealer Signature

Date

(I hereby certify that the information on this form is correct)

MAIL: H.O.G. Mileage Recognition, P.O. Box 453, Milwaukee, WI 53201-0453

FAX: 414-343-4515