

**ENROLLMENT FORM AND RELEASE FOR PERIOD 1/1/2011 - 12/31/2011**

GROUP NAME: **HUDSON VALLEY HARLEY RIDERS, INC.**

\*MEMBER/ASSOCIATE MEMBER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\*E-MAIL ADDRESS \_\_\_\_\_

\*PHONE NO. \_\_\_\_\_

EMERGENCY CONTACT NAME and PHONE NO. \_\_\_\_\_

\* Indicates Required Information

I have read the By-Laws and Constitution of Hudson Valley Harley Riders, Inc. and hereby agree to abide by it as a member of this motorcycle organization.

**THIS IS A RELEASE, READ BEFORE SIGNING –**

I agree that the Hudson Valley Harley Riders, Inc. and their respective officers, members, 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 Hudson Valley Harley Riders, Inc. 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 HVHR members and their guests participate voluntarily and at their own risk in all 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 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 SPONSORING, PLANNING OR CONDUCTING SAID EVENT(S).

**WAIVER OR 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 \_\_\_\_\_

WITNESS \_\_\_\_\_ DATE \_\_\_\_\_

DUES PAID \_\_\_\_\_ DATE \_\_\_\_\_

RETURN THIS FORM ALONG WITH A CHECK FOR \$20 (FULL MEMBER) OR \$15 (ASSOCIATE) TO:

**Hudson Valley Harley Riders  
PO Box 388, Congers, N.Y. 10920**