

CHAPTER EVENT RELEASE FORM – ADULTS

Australia / New Zealand



CHAPTER EVENT RELEASE FORM FOR ADULTS

RELEASE, INDEMNIFICATION AND ASSUMPTION OF RISK AGREEMENT ("RELEASE")

Chapter Name: _____ Date: _____

Event Name/Location: _____

H.O.G. MEMBER NUMBER _____

I, 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", "Activity" or other activity or event (hereinafter, **EVENT(S)**) sponsored and/or conducted by Harley-Davidson Australia Pty Limited, Harley-Davidson, Inc., its affiliates and subsidiaries, Harley-Davidson Motor Company, the Harley Owners Group (H.O.G.), authorised 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**"), to the extent permitted by law, waive, release, discharge and holds harmless the "**RELEASED PARTIES**" from and against any and all claims, demands, losses (including loss of profits), damages, costs or expenses (including legal fees and costs of investigation), liabilities or 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/or arising in any way out of or in connection with my participation in any said **EVENT(S)**.

To the extent permitted by law, 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, LOSS OR DAMAGE TO MYSELF OR MY PROPERTY OR FOR ANY OTHER CLAIMS ARISING FROM OR IN CONNECTION WITH THE PERFORMANCE OF THEIR CHAPTER DUTIES IN SPONSORING, PLANNING OR CONDUCTING THE **EVENT(S)**. Without limiting the foregoing, and to the extent permitted by law, I agree that the "**RELEASED PARTIES**" will not be liable to me or to any other person for my or any other person's death or personal injury arising out of or relating in any way to a breach of warranty implied by section 74 of the Australian Trade Practices Act 1974 (Cth) in relation to the supply by any of the "**RELEASED PARTIES**" of recreational services.

If, despite this Release, I, make 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 and against ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS (including loss of profits), LIABILITY, DAMAGE, OR COST they MAY INCUR DUE TO THE CLAIM MADE AGAINST ANY OF THE "**RELEASED PARTIES**" named above. 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 accidents or personal injury, including death, which I might sustain to my person and property as a result of my participation in the **EVENT(S)**, and any negligence (except willful neglect) on the part of any or all of the "**RELEASED PARTIES**" in performing their chapter duties.

By signing this Release, I certify that I have read this Release and fully understand its contents and that I am not relying on any statements or representations made by the "**RELEASED PARTIES**".

THIS IS A RELEASE - READ BEFORE SIGNING

Rider	Passenger
Signature _____	Signature _____
Print Name _____	Print Name _____
Address _____	Address _____
City/State/Post Code _____	City/State/Post Code _____
Date _____	Date _____

THIS FORM MUST BE SIGNED AND RETURNED TO BE ELIGIBLE FOR PARTICIPATION IN THE EVENT(S)