

**2024 ROAD CAPTAIN RIDE SUMMARY - PITTSBURGH HOG CHAPTER #2224**

DATE:	HOG MILES:
ROAD CAPTAIN:	
DESTINATION / RIDE NAME:	DATE OF PRE-RIDE:
RIDE START LOCATION:	START TIME:
RIDE END LOCATION:	END TIME:
COMFORT STOPS:	

RIDE NOTES:

	RIDER	PASSENGER	GUEST?	POKER CARD DRAW	EMERGENCY CONTACT
1					
2					
3					
4					
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## **ROAD CAPTAIN GUIDELINES**

- Before beginning pre-ride meeting, fill out ride summary form and make sure all ride participants have their name on it. Make sure all poker cards chosen are on form.
- Ride to the skill level of the least experienced rider in the group. Keep within the comfort zone of the less experienced riders. New riders should be placed up front behind the road captain.
- Limit the size of the group to a manageable number.
  - Divide into sub groups if necessary.
- Never exceed the speed limit by more than five miles per hour.
- Come to a complete stop at all stop signs and red lights
  - Allow enough time for the last rider to come to a complete stop
  - Accelerate slowly after all stops.
- Do NOT proceed through a yellow light.
- Do NOT turn right on red.
- Keep passing to a minimum.
- Upon reaching ride destination, or the conclusion of ride, make sure all riders know how to get home or make arrangements to ride with someone who does. **No One Left Behind!**
- Please turn in or email me the completed Ride Summary form by the Tuesday after the ride.  
Turn in poker money at next chapter meeting.

## PRE-RIDE MEETING

1. Greet the Riders and guests and thank them for their participation in the ride.
  - Ensure that all guests have signed a release form.
  - Ensure that all members have picked a poker card if desired.
  - Ensure that all riders have a full tank of gas.
2. Advise of the:
  - Destination, route and comfort stops
  - Name of the Road Captain that is riding sweep
  - Name of any Riders that have CB radios or Headsets that can be used during ride.
  - Riders who have medical kits.
3. Announce that:
  - We will ride in a staggered formation (explain if needed). Trikes ride in the center of the lane and at the rear of the group.
  - Riders should choose a lane side **before departure of ride** and stay on that side.
  - **Don't leave gaps, keep up with the ride.** Use the 2 second following distance rule. If someone leaves the ride, motion the next rider behind to move up to fill the vacant slot at the next safe opportunity or stop. Riders behind should not move up until signaled by the rider in front of them. Riders leaving the ride at any time need to notify Road Captain at next safe opportunity.
  - Do not use cruise control (because it creates gaps).
  - Riders are to obey all traffic signals and road signs.
  - Hand signals will be used (demonstrate if needed). **Pass signals back to riders behind you!**
  - If the group should get separated during the ride, the following procedure is to be used:  
***The last rider of the front group should turn on their 4 ways signaling to everyone that there is a problem. Each successive rider should turn on their 4 ways as soon as they notice the 4 ways of the bike behind. Road Captain will slow way down or pull over if possible when he gets the signal.***
4. IN CASE OF AN EMGERENCY, or if there is an urgent need to stop during the ride:
  - Make any attempt to alert another rider. Contact the Road Captain when safe to do so.
5. HOG policy mandates **no alcohol consumption** at any time during Chapter ride. This applies to **both rider and passenger**. Anyone violating this policy will not be permitted to continue with the group.
6. Ask riders if there are any questions before the start of the ride, kick stands up in 5 minutes.

## YELLOW LIGHT POLICY

- 1) On approach to an intersection with a light, if the light turns yellow, all bikes stop.
  
- 2) If the light turns from green to yellow while the first few bikes are already into the intersection, those bikes are to proceed thru and clear the intersection. The bikes not in the intersection yet are to stop on the yellow, not try to accelerate thru. The bikes who passed thru the intersection will turn on flashers and wait at the next safe place to stop.
  
- 3) Use common sense, don't lock up brakes trying to stop hard. Be prepared to stop ANYTIME you are approaching an intersection, whether you are the first bike or last.
  
- 4) As always, ***NEVER TURN RIGHT ON RED!***

# Hand Signals for Safety



**Left turn**  
Arm and hand extending left, palm facing down



**Right turn**  
Arm out, bent at 90° angle, fist clenched.



**Stop**  
Arm extended straight down, palm facing back.



**Speed Up**  
Arm extended straight out, palm facing up, swing upward.



**Slow Down**  
Arm extended straight out, palm facing down, swing down to your side.



**Follow Me**  
Arm extended straight up from shoulder, palm forward.



**You Lead/Come**  
Arm extended upward 45°, palm forward pointing with index finger, swing in arc from back to front.



**Hazard in Roadway**  
On the left, point with left hand; on the right, point with right foot.



**Single File**  
Arm and index finger extended straight up.



**Double File**  
Arm with index and middle finger extended straight up.



**Comfort Stop**  
Forearm extended, fist clenched with short up and down motion.



**Refreshment Stop**  
Fingers closed, thumb to mouth.



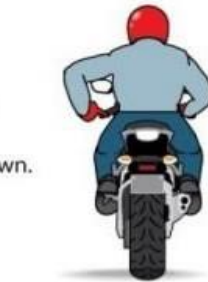
**Turn Signal On**  
Open and close hand with fingers and thumb extended.



**Pull Off**  
Arm positioned as for right turn, forearm swung toward shoulder.



**Cops Ahead**  
Tap on top of helmet with open palm down.



**Fuel**  
Arm out to side pointing to tank with index finger extended.



# 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 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**

**Passenger**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_



# 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 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)