



HAWAII SAND SOCCER CHAMPIONSHIP

RELEASE OF LIABILITY AND DISCLAIMER

(Please read carefully before signing)

I/We (parents or guardian if applicable) _____ hereby give my/our consent and agree to release, indemnify and hold harmless the Hawaii Sand Soccer Championship and all personnel, including officials, staff, Board members and representatives, and the City of Honolulu, its officers, agents and/or employees, other participants, sponsors, advertisers (“Releases”), with respect TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I/We understand the risk of injury involved in this activity is significant, including the potential for permanent paralysis and even death, and **KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, even if arising from the negligence of others. I/We agree to comply with the rules and conditions for participation. I/We agree to remove myself/ourselves from participation if I/We observe any unusual or significant hazard.

I also grant the Hawaii Sand Soccer Championship the right to photograph the below named individual’s participation in soccer activities and use the photographs in future brochures, advertising and newspaper reporting.

I/WE HAVE READ THIS RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS TERMS AND CONDITIONS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I/WE SIGN IT FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT.

Participant’s Name (print) _____ Date _____

Participant’s Signature (if 18 years or older) _____

Parent’s Signature (if participant is 17 or younger) _____

EMERGENCY AUTHORIZATION

I/We the undersigned, parent(s) or guardian(s) of the participant, a minor, do hereby authorize the coaches, staff, board members or parents of the team members acting in a capacity of activity supervisors, as agents for the undersigned do hereby consent to medical, surgical or dental examination or treatment in the case of emergency. I/We hereby authorize treatment and/or care of the participant in ANY hospital and/or medical physician. If there is an emergency and I/We cannot be reached please contact the person named below:

Name _____ Phone Number _____

Family Doctor _____ Phone Number _____

Participant’s Signature (if 18 years or older) _____

Parent’s Signature (if participant is 17 or younger) _____