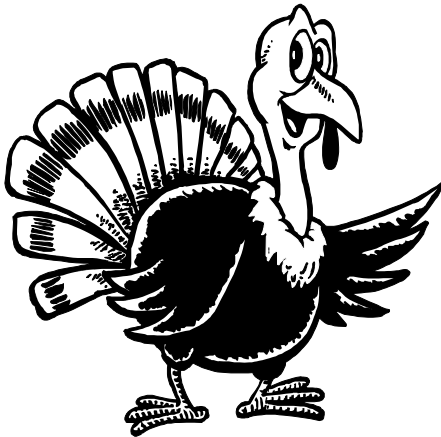




UNITY HOUSE, INC.
2008 Thanksgiving Turkey
Shoot Golf Tournament
Entry Form



DATE: **Monday, November 10, 2008**
PLACE: **WAIKELE GOLF CLUB**
FEE: **\$ 110.00**
TIME: **12:00 Noon – Shotgun Start**

*All players MUST CHECK-IN between 10:00 a.m. – 11:30 a.m.
Latecomers will FORFEIT their "slot" – NO REFUNDS!
Bento lunch will be served!*

LIMITED TO FIRST 144 WHO PAY - SO DON'T DELAY!

All participants must complete and sign the **ENTRY FORM** and the **RELEASE AND WAIVER** located on the back. The entry form must be submitted to the **UNITY HOUSE Office, at 1701 Ala Wai Blvd., Honolulu, HI 96815**. Only completed application with **FULL** payment will be accepted and processed...space is limited. **NO** refunds for **LATE** or **NO-SHOW** players.

Make checks payable to: UNITY HOUSE, INC.

(Checks returned due to insufficient funds will be assessed a \$25.00 service charge)

Application Deadline: Must be in by 12 Noon on Friday, October 24, 2008

For more information about our programs and services, visit us at: www.unityhousehawaii.org

SCORING FORMAT

"Peoria 4-Person Team"

- The Peoria System will set each handicap based on selected holes.

For more information, please contact **KAUI AKANA**
at 945-0050 ext. 7631.

**UNITY HOUSE, INC.
2008 Turkey Shoot Golf Tournament
OFFICIAL ENTRY FORM**

Name: _____ Phone: _____

Address: _____ SS#: _____

Company: _____ Union: _____

UNITY HOUSE, INCORPORATED

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in Turkeyshoot 2008 Golf Tournament (11/10/08)

hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** Unity House, Incorporated, its officers, employees, and agents from/for liability **from any and all claims including the negligence of Unity House, Incorporated, its officers, employees, and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Signature of Participant Date

Signature of Parent/Guardian of Minor Date

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD Unity House, Incorporated HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Hawaii and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Participant Date

Signature of Parent/ Guardian of Minor Date
Participant's Age (if minor) _____

Golf Foursome Request

(For office use only)

Date: _____	\$110.00	CK# _____	CASH	Receipt # _____
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Processed by: _____