

UNITY HOUSE, INC.

Cosmic Bowling Tournament



Date: Saturday, July 24, 2010

Time: 5:00 p.m.

All teams must check-in by 4:00 p.m.!

Place: Hickam Bowling Center

Cost: \$150.00 per team (\$30.00 per player)
(Includes: 3 Games, Shoe Rental, and Sandwich/Drink)



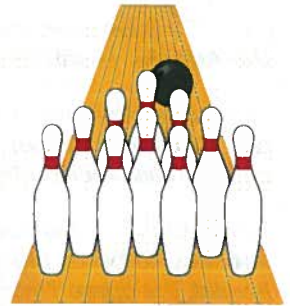
Each participant must **complete** this **APPLICATION/RELEASE & WAIVER** form and return with the \$25.00 fee by **June 25, 2010 to:**

UNITY HOUSE, INC. • 1701 Ala Wai Blvd • Applications will NOT be accepted by mail.

Make checks payable to UNITY HOUSE, INC.

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

The first 28 teams submitted to the Sports Department with **COMPLETE APPLICATIONS AND FULL PAYMENT** will be accepted and processed.



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

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- * Each team must have at least one male or one female player on their team, for a total of five players.
- * Team prizes given for the top 6 places with handicaps.
- * Handicap based on prior UH bowling Tournaments. If you are a new player, your handicap will be determined based on this night's performance.
- * TOURNAMENT COORDINATOR and Unity House Sports Committee shall decide other rules not covered above.

Cosmic Bowling Tournament – Official Entry Form

Please Print Clearly and Fill Out Both Sides

Participant's Name: _____ Highest Entering Average: _____

Address: _____ Phone: _____

Birthdate: ____/____/____ (For Passes to enter gate)

Participant of **one:** HERE, Local 5 Local 996 Friend of Labor

In case of emergency, please contact: _____ Phone: _____

For Office Use Only

Amount \$ _____ Check # _____ Cash Receipt # _____

RELEASE AND WAIVER

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in the July 2010 Cosmic Bowling Tournament (7/24/2010) 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)

TEAM

All players must return completed entry forms (with payments) attached together. A player will not be considered part of a team if his/her form or payment is incomplete or missing. The Tournament Coordinator reserves the right to make adjustments.

TEAM NAME: CAPTAIN:

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