

UNITY HOUSE, INC.

Las Vegas GOLF & BOWLING Tournaments

OCTOBER 5th-10th 2011 *(Wednesday-Monday)*

Each participant must **complete** this **APPLICATION / RELEASE & WAIVER** form and return with a **\$300 DEPOSIT DUE by APRIL 22, 2011. BALANCE DUE by July 17, 2011.**
Make checks payable to UNITY HOUSE, INC. 1701 Ala Wai Blvd. Hon, HI 96815
(Checks returned due to insufficient funds will be assessed a \$25.00 service charge)
Application with DEPOSIT will be accepted and processed on a FIRST COME, FIRST SERVE BASIS!

For more information, contact KAUI AKANA at 945-0050, ext. 7631 or 277-8912

⌘ PARTICIPATION FORM ⌘

Please **PRINT CLEARLY** and write your **FULL NAME EXACTLY** as it appears on your **identification card**.

PARTICIPANT'S

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Male Female **(FOR GOLFERS) D.O.B or AGE as of 10/06/11: _____ OR (mm/dd/yr) ____/____/____**

Check one: UNITE H.E.R.E., Local 5 TEAMSTERS LOCAL 996 UH/FOL

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

SLOT TOURNAMENT- FRI. OCT. 08TH: FEE \$20 Participating: YES _____ NO _____ (no refund)

⌘ Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in the 2010 Las Vegas Golf and Bowling Tournaments (10/5/11 - 10/10/11)

Whereinafter 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.

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.

I hereby consent that any photograph(s) or writing(s) and information, including personal, provided by me, and any other photographs in which my child appears, may be used by UNITY HOUSE, INC., its assigns or successors, in whatever way they desire, including publications, television, CD-ROM's, and any other form for the storage, retrieval and reproduction of information and images; furthermore, I hereby consent that such information and photographs, and the plates and/or tapes from which they are made shall be their property, and they have the right to duplicate and reproduce and make other uses of such information, photographs and plates as they may desire free and clear of any and all claims whatsoever on my part, or any of my heirs, assigns and successors, and I specifically authorize such use with complete knowledge and understanding of my rights to privacy and my waiver of said rights.

Signature of Participant

Date

Signature of Parent/ Guardian of Minor

Date

Participant's Age (if minor) _____

Please complete the back of this form . . .

