

U N I T Y H O U S E , I N C .
1701 Ala Wai Blvd.
Honolulu, HI 96815

The *Arthur Rutledge*
23rd Annual Memorial Invitational Golf Tournament

DATE: Monday, April 09, 2018

PLACE: Waikele Country Club

FEE: \$165.00

Shotgun Start: 12:00 p.m. *(Check in between 10:00 a.m. – 11:30 a.m.)*
Participants who check-in after 11:30 a.m. will forfeit their space and Fees

Each participant must complete this application and release & waiver. We will be accepting completed applications with full payments ONLY. Entries & payments will be accepted through the mail. It is your responsibility to check to see that it has been received. Payment due by March 01, 2018.

Make checks payable to UNITY HOUSE, INC.

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

We welcome ALL Beneficiaries of Unite HERE Local 5, Hawaii Teamsters Local 996, and Friends of Labor.

*****Reminder! Soft spikes only, No outside food or beverages allowed. Beverage cart will be available.**

For more information, please contact
Kauai Akana at 945-0050

The *Arthur Rutledge*

2^{3rd}

Annual Memorial Invitational Golf Tournament

OFFICIAL ENTRY FORM – *please complete both sides of form*

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Employer: _____ Union: _____ FOL: _____

Birthdate: _____ (To verify flight placement)

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

PEORIA SYSTEM - FLIGHTS (Check one only)

- | | |
|--|---|
| <input type="checkbox"/> "A" Handicap: 0-12 | <input type="checkbox"/> "60 -69" Handicap: 0-30 |
| <input type="checkbox"/> "B" Handicap: 13-19 | <input type="checkbox"/> "70 & Over" Handicap: 0-30 |
| <input type="checkbox"/> "C" Handicap: 20-27 | <input type="checkbox"/> "WOMEN'S" Handicap: 0-36 |

GROUP PAIRINGS

If you would like to form your own **FOUR PLAYER GROUP (for playing purposes only)**, please indicate all names below. 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 Chairman reserves the right to make adjustments with regards to players as well as handicap.

- | | |
|----------|----------|
| 1) _____ | 3) _____ |
| 2) _____ | 4) _____ |

(For office use only) Date: _____ Golfer: \$165.00 CK# _____ CASH Receipt # _____

PLEASE SIGN THE RELEASE & WAIVER ON THE BACK OF THIS FORM

FLIGHT PRIZES MAY CHANGE BASED ON PARTICIPATION

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in: Arthur Rutledge 23rd Annual Memorial Invitational Golf Tournament (4/09/18) 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.

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) _____