



Program Registration

Participant's Name _____

Address _____

Age _____ DOB _____ Sex _____ Shirt Size (for youth sports) _____

• Phone 1 _____ Text: yes ___ no ___ • Phone 2 _____ Text: yes ___ no ___

Existing Medical Conditions _____

Emergency Contacts

1. Name _____ Phone _____ Relationship _____

2. Name _____ Phone _____ Relationship _____

Activity

1. _____ Fee _____

2. _____ Fee _____

Release of Liability

In consideration of my participation, I agree to assume all risks of injury while using the facilities or engaging in the programs. I understand that I waive any and all claims, by me, my estate or heirs, against the Villages of Kapolei Association, their Board of Directors, Staff, Volunteers and all others for any injury or accident that might occur now or in the future. I understand that photos may be taken for use in advertisements of this program and consent to such use.

This waiver is intended to be as broad and inclusive as permitted by the laws of the State of Hawaii and if any portion of this waiver is found to be invalid the balance will continue in full legal force and effect.

I have read and understood the Release of Liability and the Assumption of Risk and I enter into this relationship voluntarily.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Sponsor Information

I understand as the sponsor I will be responsible for the behavior of my guest. I further understand that I will be held liable for any damages caused by and any penalties levied against my designee.

Sponsor Signature _____ Date _____

Lot or Street Address _____