

### Program Registration

Participants Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_ Sex \_\_\_\_\_  
 Shirt Size (For youth sports) \_\_\_\_\_

Existing Medical Conditions: \_\_\_\_\_  
 \_\_\_\_\_

Emergency contacts:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Activity

1. \_\_\_\_\_ Fee \_\_\_\_\_  
 2. \_\_\_\_\_ Fee \_\_\_\_\_  
 3. \_\_\_\_\_ Fee \_\_\_\_\_  
 Total \_\_\_\_\_

#### 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.

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.

Participants 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 \_\_\_\_\_