RELEASE OF CLAIMS

This Release of Claims is made on		, 2024	, by
	, whose date of birth is,		
(Name of Participant)			
and whose address is			<u></u> .
(Street Address/P. O. Box #)	(Town/City)	(State) (Zip Cod	de)
In consideration of the permission granted to me by the County of Hawai'i, State of			
Hawaiʻi, to participate in 2024 Na Hoa Cup Community Event (Description of Activity)			
program at Shipman Park aka Buddy Perry Soc	cer Fields		
(Name and Address of Facility	,		
(hereafter "Facility") from December 7 (Dates of Activity)	_, 20 <u>24</u> _ , to <u>Decen</u>	nber 8, 20_2	<u>?4 </u>
I hereby release the County of Hawai'i, its age actions, causes of action, damages, claims or dem assignees may have against the County of Hawai'i, or unknown, which may incur by my participation above-described Facility.	ands, which I, my heirs, p and other above-named p	personal representa parties for all injurie	atives, or s, known
I do further agree that I shall indemnify and sav or employees, either jointly or severally, from any a expense for property damage and for personal inju- arising from my participation in the above-described a	nd all claims, demands, d uries or actions brought b	lamages, loss of se by a third party res	ervice, or
I, the undersigned, have read this Release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.			
IN WITNESS WHEREOF, I have executed this Release at			
on the day and year first written above.	(Place of Execution)		
	Participant's Signature	Teleph	one No.
	If Participant is under 18 years of age:		
	Signature of Parent or G	uardian Teleph	one No.
Printed Name of Witness (age 18 or older) (All signatures require a witness)	Witness's Signature (All signatures require a witness s		one No.