RELEASE OF CLAIMS

This Release of Claims is made on		,20 <u>23</u>	,by
(Name of Participant)	, whose date of birth is		
and whose address is(Street Address/P. 0. Box #}	(Town/City) (Stat	e) (Zip Co	 de)
In consideration of the permission granted			
Hawai'i, to participate in 2023 Na Hoa Cup	otion of Activity)		
program at <u>Buddy Perry Soccer Fields aka Shipman</u> (Name and Address of Facil		au HI 96749	
(hereafter "Facility") from December 2 (Dates of Activity)	,20 <u>23</u> , to <u>Decembe</u>	<u>r 3</u> ,20_	
I hereby release the County of Hawai'i accontractors, members, and employees from all accomplete in the land which I, my heirs, personal representatives, or ass Hoa o Puna Soccer, and other above-named particle by my participation in the above-described activity	ctions, causes of action, damage ignees may have against the Co ies for all injuries, known or unkr	es, claims or unty of Hawa nown, which	demands, ii'i and Na
I do further agree that I shall indemnify and so Soccer or any of its officers or employees, either damages, loss of service, or expense for property of third party resulting or arising from my participation	jointly or severally, from any and damage and for personal injuries in the above-described activity or	d all claims, or actions bromer my use of the	demands ought by a e Facility.
I, the undersigned, have read this Release and with full knowledge of its significance.	and understand all of its terms.	I execute it \	oluntarily
IN WITNESS WHEREOF, I have executed th	nis Release at		
on the day and year first written above.		Place of Execution)	
	Participant's Signature	Telepl	hone No.
	If Participant is under 18 years of age:		
	Signature of Parent or Guardia	an Telepl	hone No.
Printed Name of Witness (age 18 or older) (All signatures require a witness)	Witness's Signature (All signatures require a witness signature	•	none No.