

HBVA EVENT WAIVER – ONE FORM PER PLAYER

**Hawaii Beach Volleyball Association (HBVA)
Tournament Series
All of 2015**

In consideration of my participation at the **Beach Volleyball Tournament Series**, I expressly and knowingly release **HBVA**, its representatives and agents; the sponsors, its officers, and employees, City & County of Honolulu, from any and all claims and causes of action for property damage, personal injury, or death sustained by me arising out of any activity conducted by or under the auspices of the **HBVA** caused by risks associated by this activity and/or the negligence of the sponsoring committee.

In addition, I understand and agree the **HBVA** cannot be expected to control all possible risks but may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required during my attendance with the understanding that the cost of any such treatment will be my responsibility. The **HBVA** does not carry medical or accidental insurance for the activities mentioned. As such, participants should review their personal insurance portfolio.

I voluntarily and knowingly agree to protect, hold harmless, and indemnify the **HBVA**, its representatives and agents; the Sponsors, its officers, and employees, City & County of Honolulu, against all claims, demands, or causes of actions for property damage, personal injury, or death, including defense costs and attorney's fees arising out of my participation in the **Beach Volleyball Tournament series 2015**.

I have read the agreement and do willingly signify my agreement for the consideration expressed and with a full understanding of its purpose by signing below. I represent that I am eighteen (18) years of age or older and am otherwise competent to execute this agreement. I also understand that the information on this form may be shared with the **HBVA**.

I understand that if I am a collegiate player or have any restrictions to winning money any and all winnings will be offered to the next highest placed team.

By signing below, I agree that have read the above information.

PRINTED NAME

SIGNATURE

DATE

EMERGENCY CONTACT: NAME/PHONE
