HAWAII ISLAND UNITED WAY MAYOR'S CUP SENIOR SOFTBALL TOURNAMENT
EMERGENCY CONTACT & WAIVER/INDEMNITY FORM

TEAM NAME: _____ MANAGER: _____

INDIVIDUAL NAME: _____ ASSIGNED TEAM: (FOR OFFICE USE ONLY) _____

INDEMNITY STATEMENT: I, the undersigned, for myself, my heirs, executor and administrators do hereby waive, release, discharge and agree to hold harmless and indemnify all the members of the Hawaii Island United Way, the County of Hawaii and all of it's employees from all liability or loss for any claim for death, injury or damage to property or person resulting directly or indirectly from my participation in the Hawaii Island United Way Mayor's Cup Senior Softball Tournament held January 15-18, 2018. I hereby waive and release all future claims, rights and causes of action accruing in my favor as a result of personal injury or property loss while participating in said event. Having read and understood, I hereby freely sign this release agreement.

Player Name (Print)	DOB	Player Phone #	Emergency Contact	Emergency Contact Phone #	Signature	Date

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