



HAWAI'I LODGING & TOURISM ASSOCIATION'S VISITOR INDUSTRY CHARITY WALK
MAY 19, 2018
RELEASE OF LIABILITY FORM

I/We the undersigned hereby express MY/OUR interest in participating in the above stated activity by MY/OUR signature on this Release Form. I/WE acknowledge that participation is voluntary and accept any and all risk of injury or death. Further, I/WE hereby expressly agree that in the event of any injury, loss, or any other harm as a result of participating in the stated activity, I/WE will neither look to, nor seek any injuries, losses, and other harms from the Hawaii Lodging & Tourism Association or the Hawaii Hotel Industry Foundation.

I/WE have carefully read this agreement and fully understand its contents. I/WE are aware that this Release of Liability between MYSELF/OURSELVES and the aforementioned organization(s).

I/WE hereby acknowledge signing this Agreement and participating in this stated activity on MY/OUR own free will.

PRINT FIRST & LAST NAME: _____

PRINT VOLUNTEER ORGANIZATION NAME: _____

PRINT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SIGNATURE: _____ DATE: _____

SIGNATURE & DATE OF PARENT OR GUARDIAN IF THE ABOVE IS UNDER 18 YEARS OF AGE:

_____ Date: _____



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