



Name: _____ DATE _____

TEAM: _____ EVENT _____

Please have guests read the back of this ticket and sign below: Printed name must be readable to count.

Print Name	Signature	Age	Gender	Ethnicity	Me2
0. _____	_____	_____	_____	_____	_____
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____

By signing this ticket I consent to participate voluntarily as a guest in the Kauai Great Weigh Out. I understand that any information obtained will be kept confidential and used only for statistical data. My signature next to my name acknowledges that I agree for myself, my heirs, executors and administrators to release, indemnify and hold harmless all Kauai Great Weigh Out Core Committee members and Ho`ola Lahui Hawai`i committee members, its affiliates, officers, directors, employees, volunteers and all sponsoring businesses and organizations and their agents and employees from any and all liability, claims, demands and causes of action whatsoever arising out of my participation in this event and related activities, whether it results from negligence of any of the above or from any other cause. I further agree that this consent and waiver agreement shall be applicable to any owner of a facility and/or property at or upon which the program is held. I am solely responsible for my own health and safety. I represent that I am physically fit and able to participate in this program. I am hereby , advised to consult my physician before participating in this program. Furthermore, I hereby grant full permission to any and all of the foregoing to use my name, my voice and or my picture or likeness in any broadcast, telecast, advertising, promotion or other account of this event for any purposes whatsoever. I have read , understand and agree to the terms of this agreement and have, of my own free will , signed below to indicate so.



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