



2015 MAKAHIKI HUI PINTO CLASSIC
January 24th – 25th, 2015

BASEBALL TOURNAMENT INFORMATION

Age Divisions: PINTO

Entry Fee: \$0 Free

Games: Two Games on Saturday – Pool Play
Single Elimination on Sunday - Championship Round

Prize: 1st Place Winner

To enter: Call: Shon Malani at 938-7966 or
E-mail: hui.aumakua.sports@hotmail.com

TEAM CONTACT INFORMATION

Please complete and return bottom portion with roster and release forms to Head Table:

Team Name: _____

Team Contact #1 Name: _____

E- Mail: _____

Phone # (Home) _____ (Cell) _____

Team Name: _____

Team Contact #2 Name: _____

E- Mail: _____

Phone # (Home) _____ (Cell) _____

Completed items (For Hui 'Aumākua use only):

___ Team Contact Information ___ Roster ___ Release Forms



2015 MAKAHIKI HOU PINTO CLASSIC
January 24th – 25th, 2015
OFFICIAL TOURNAMENT ROSTER

TEAM NAME: _____

AGE DIVISION: PINTO

HEAD COACH: _____ PHONE: _____ EMAIL: _____

ASST COACH: _____ PHONE: _____ EMAIL: _____

ASST COACH: _____ PHONE: _____ EMAIL: _____

ASST COACH: _____ PHONE: _____ EMAIL: _____

	PLAYERS NAME	JERSEY#	BIRTHDATE	AGE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

RELEASE OF CLAIMS

This Release of Claims is made on _____, 20_____, by
_____, whose date of birth is _____,
(Name of Participant)

and whose address is _____.
(Street Address/P.O. Box #) (Town/City) (State) (Zip Code)

In consideration of the permission granted to me by the County of Hawai'i, State of
Hawai'i, to participate in Makahiki Hou PINTO Classic
(Description of Activity)

program at Walter Victor Complex
(Name and Address of Facility)

(hereafter "Facility") from January 24, 2015 to January 25, 2015
(Dates of Activity)

I hereby release the Tournament Organizers Hui 'Aumākua Sports Inc., officers and board of directors, the County of Hawai'i its agents, independent contractors, and employees from all actions, causes of action, damages, claims or demands, which I, my heirs, personal representatives, or assignees may have against the County of Hawai'i, and other above-named parties for all injuries, known or unknown, which may incur by my participation in the above-described activity or by my use of the above-described Facility.

I do further agree that I shall indemnify and save harmless the Tournament Organizers, officers and board of directors the County of Hawai'i Or any of its officers employees, either jointly or severally, from any and all claims, demands, damages, loss of service, or expense for property damage and for personal injuries or actions brought by a third party resulting or arising from my participation in the above-described activity or my use of the Facility.

I, the undersigned, have read this Release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have executed this Release at _____,
on the day and year first written above. (Place of Execution)

Participant's Signature Telephone No.

If Participant is under 18 years of age:

Signature of Parent or Guardian Telephone No.

Printed Name of Witness (age 18 or older)
(All signatures require a witness)

Witness's Signature Telephone No.
(All signatures require a witness signature)