



2017 MAKAHIKI HOU CLASSIC
January 5, 6, 7, and 8, 2017
BASEBALL TOURNAMENT INFORMATION

Age Divisions: Mustang and Bronco
* **Age Cutoff May 1st**

Entry Fee: \$300

Games: Four Game Minimum

Prize: 1st and 2nd Place

To enter: Call: Shon Malani at 315-6323 or
E-mail: malanz25@hotmail.com
Mail to: PO Box 144 Laupahoehoe, HI. 96764
Payment due by December 1st 2016

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



2017 MAKAHIKI HOU CLASSIC
January 5, 6, 7, and 8, 2017
OFFICIAL TOURNAMENT ROSTER

TEAM NAME: _____

AGE DIVISION: Mustang Bronco * **Age Cutoff May 1st**

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 Classic
(Description of Activity)

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

(hereafter "Facility") from January 5, 2017 to January 8, 2017
(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)