

# HUI o HAWAII OF SACRAMENTO, INC. ~ Membership Application

CIRCLE MEMBERSHIP:		FAMILY Membership \$30		INDIVIDUAL Membership \$20	
Member #1: Print First		Print Last:		Gender: F M	Birthdate: _ / _ / _
Useable Email Address*		PHN: Home ( ) -	PHN: Work ( ) -	PHN: Cell ( ) -	
Member #2: Print First		Print Last:		Gender: F M	Birthdate: _ / _ / _
Useable Email Address*		PHN: Home ( ) -	PHN: Work ( ) -	PHN: Cell ( ) -	
Home / Street Address:				City:	Zip Code:

\*Email is how we contact you throughout the year and is the official communication method. Check the **HULA BOX** below if you wish to participate

## List family members ages 17 and under in the same household

HULA?

Member #3: Print First		Print Last:		Gender: F M	Birthdate: _ / _ / _	<input type="checkbox"/>
Useable Email Address*		PHN: Home ( ) -	PHN: Work ( ) -	PHN: Cell ( ) -		
Member #4: Print First		Print Last:		Gender: F M	Birthdate: _ / _ / _	<input type="checkbox"/>
Useable Email Address*		PHN: Home ( ) -	PHN: Work ( ) -	PHN: Cell ( ) -		
Member #5: Print First		Print Last:		Gender: F M	Birthdate: _ / _ / _	<input type="checkbox"/>
Useable Email Address*		PHN: Home ( ) -	PHN: Work ( ) -	PHN: Cell ( ) -		

Check box if more than 3 children and attach FAMILY ADDENDUM. Also, adult children age 18+ must complete an individual membership.

After you have signed the next page, please mail this signed application and your check, payable to **Hui o Hawaii of Sacramento**, to:

Hui o Hawaii of Sacramento, Inc.  
3804 Becerra Way  
Sacramento, CA 95825

Thank you for completing the HOH Membership Application.

**YOU'RE NOT DONE**  
**TURN THIS PAGE & READ!**

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## Consent, Waiver, Release, and Indemnity Agreement

Program: *Hui o'Hawaii of Sacramento, Inc.*

Participant(s):

(1) \_\_\_\_\_ (2) \_\_\_\_\_

In consideration for my participation in *Hui o'Hawaii of Sacramento, Inc.*, I agree to the following on behalf of myself and my heirs, executors, administrators, and personal representatives:

1. Representation of health. I understand the nature of *Hui o'Hawaii of Sacramento, Inc.* and I represent that I am in good physical, mental, and emotional health and able to participate in the *Hui o'Hawaii of Sacramento, Inc.* If, at any time, I believe the conditions of my participation to be unsafe, I will immediately cease further participation in *Hui o'Hawaii of Sacramento, Inc.* I further agree to and represent that in connection with my participation in *Hui o'Hawaii of Sacramento, Inc.*: (a) I will be covered by a private medical and liability insurance policy, (b) I am not employed by *Hui o'Hawaii of Sacramento, Inc.*, and (c) *Hui o'Hawaii of Sacramento, Inc.* will not be responsible for or required to indemnify or defend me with respect to any illness, personal or bodily injury, death, economic and property damage, severe emotional loss, and any other loss, damage, or injury (collectively the "Injuries/Damages") that I may sustain or suffer in connection with my participation in *Hui o'Hawaii of Sacramento, Inc.*

2. Assumption of risk. I understand and acknowledge the dangers and risks involved in my participation in *Hui o'Hawaii of Sacramento, Inc.* including the Injuries/Damages. These Injuries/Damages may be caused by actions or inactions of myself or others participating in *Hui o'Hawaii of Sacramento, Inc.* and/or the conditions where *Hui o'Hawaii of Sacramento, Inc.* occurs. I acknowledge that there may be other Injuries/Damages not known to me or not readily foreseeable at this time. I fully accept and assume all risks of the Injuries/Damages resulting from my participation in *Hui o'Hawaii of Sacramento, Inc.* I have read and understood all written materials setting forth the requirements for my participation and I will observe, follow, and comply with all verbal and written instructions.

3. Waiver and release. I hereby waive, release, and discharge any and all claims, demands, actions, rights, and causes of action for any and all Injuries/Damages, known or unknown, related to, arising from, or traceable either directly or indirectly to my participation in *Hui o'Hawaii of Sacramento, Inc.* (collectively the "Released Claims").

4. Indemnify, defend, and hold harmless. I accept full responsibility for my participation in *Hui o'Hawaii of Sacramento, Inc.* and I agree to indemnify, defend, and hold harmless *Hui o'Hawaii of Sacramento, Inc.*, and its past, present and future Board of Regents, officers, employees, agents, and assigns from any and all Released Claims and any and all demands, actions, judgments, injunctions, orders, directives, penalties, assessments, liens, liabilities, losses, damages, costs, and expenses (including attorneys' fees), arising or resulting from or caused by any of my acts or omissions (or by any person for whom I am responsible) during, involving, or related to my participation in *Hui o'Hawaii of Sacramento, Inc.*

**YOU'RE NOT DONE**  
**TURN THIS PAGE & SIGN!**

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5. Photo, Video and Sound Recording Release and Consent. I authorize *Hui o’Hawaii of Sacramento, Inc.* and its officers, agents, employees, successors, licensees, and assigns to take and use photographs, video, and sound recordings of and/or live stream my participation in *Hui o’Hawaii of Sacramento, Inc.*, and to use my name, image, likeness, appearance, and voice (collectively the “Recordings”): (a) for any legitimate purpose, including any educational, institutional, scientific, fundraising or informational purposes, (b) in perpetuity, (c) on a worldwide basis, (d) without compensation to me, (e) in any manner or media, including use on social media sites and web pages accessible to the general public, and (f) alone or in combination with other Recordings. All right, title, and interest in the Recordings belong solely to *Hui o’Hawaii of Sacramento, Inc.* I understand *Hui o’Hawaii of Sacramento, Inc.* may attract media coverage or be recorded, in whole or in part, for rebroadcast or retransmission, and I consent to my inclusion in such media coverage, which may appear in print media, live or replay telecast or broadcast, podcast, and/or through social media and internet postings.

I, (1) \_\_\_\_\_ (2) \_\_\_\_\_, have read this Consent, Waiver, Release, and Indemnity (“Agreement”) and I understand that I am giving up substantial rights, including the right to sue. I am participating in *Hui o’Hawaii of Sacramento, Inc* freely and voluntarily. I agree that: (a) the laws of the State of California shall apply to this Agreement and (b) if any portion of the Agreement is invalid, the remainder of the Agreement shall continue in full force and effect.

Signature (1) \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature (2) \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature of parent / guardian (if including children 17 and under): \_\_\_\_\_

MEMBERSHIP USE ONLY				
Hui o’Hawaii of Sacramento Annual Club Membership Fees				
Calendar Year: <b>20</b> _____	<input type="checkbox"/> Family Membership OR <input type="checkbox"/> Individual OR <input type="checkbox"/> Kupuna			
TOTAL Paid	Date Paid	Receipt #: Created by:	Cash \$: Given to:	Check #: Amount:
NOTES:				

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## FAMILY ADDENDUM

### List family members ages 17 and under in the same household

Adult children age 18+ must complete an individual membership. Also, adult children age 18+ must complete an individual membership

HULA?

Member #6: Print First	Print Last:		Gender:	Birthdate:	<input type="checkbox"/>
			F M	__/__/__	
Useable Email Address*	PHN: Home	PHN: Work	PHN: Cell		<input type="checkbox"/>
	( ) -	( ) -	( ) -		
Member #7: Print First	Print Last:		Gender:	Birthdate:	<input type="checkbox"/>
			F M	__/__/__	
Useable Email Address*	PHN: Home	PHN: Work	PHN: Cell		<input type="checkbox"/>
	( ) -	( ) -	( ) -		
Member #8: Print First	Print Last:		Gender:	Birthdate:	<input type="checkbox"/>
			F M	__/__/__	
Useable Email Address*	PHN: Home	PHN: Work	PHN: Cell		<input type="checkbox"/>
	( ) -	( ) -	( ) -		
Member #9: Print First	Print Last:		Gender:	Birthdate:	<input type="checkbox"/>
			F M	__/__/__	
Useable Email Address*	PHN: Home	PHN: Work	PHN: Cell		<input type="checkbox"/>
	( ) -	( ) -	( ) -		
Member #10: Print First	Print Last:		Gender:	Birthdate:	<input type="checkbox"/>
			F M	__/__/__	
Useable Email Address*	PHN: Home	PHN: Work	PHN: Cell		<input type="checkbox"/>
	( ) -	( ) -	( ) -		
Member #11: Print First	Print Last:		Gender:	Birthdate:	<input type="checkbox"/>
			F M	__/__/__	
Useable Email Address*	PHN: Home	PHN: Work	PHN: Cell		<input type="checkbox"/>
	( ) -	( ) -	( ) -		