2023 State Senior Softball Tournament Wailuku, Maui, Hawaii

OFFICIAL TEAM ROSTER/WAIVER OF LIABILITY

We,	in consideration of the permission granted to me by the Department of Housing & Human										
(Name of team)											
Concerns, Senior Services Division, County of Maui, State of Hawai'i, to participate in the 2023 State Senior Softball Tournament at the fields under the jurisdiction											
of the Maui County Parks & Recreation Department, hereby release the County of Maui, its agents, independent contractors, and employees from all actions, causes											
of action, damages, claims or demands, which we, our heirs, personal representatives, or assignees may have against the County of Maui, and other above-named											
parties for all personal injuries, known or unknown which may incur by our participation in the above-described activity.											
We, the undersigned, have read this release and understand all its terms. We execute it voluntarily and with full knowledge of its significance.											
Print Full Name of Player	Phone #	Birth Date	Age	Signature	Date	Emergency Contact, Name & Phone					
1.											
2.											
3.											
4.											
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12.											

2023 State Senior Softball Tournament Wailuku, Maui, Hawaii

OFFICIAL TEAM ROSTER/WAIVER OF LIABILITY

in consideration of the permission granted to me by the Department of Housing & Human											
We, in consideration of the permission granted to me by the Department of Housing & Human (Name of team) Concerns, Senior Services Division, County of Maui, State of Hawai'i, to participate in the 2023 State Senior Softball Tournament at the fields under the jurisdiction of the Maui County Parks & Recreation Department, hereby release the County of Maui, its agents, independent contractors, and employees from all actions, causes of action, damages, claims or demands, which we, our heirs, personal representatives, or assignees may have against the County of Maui, and other above-named parties for all personal injuries, known or unknown which may incur by our participation in the above-described activity. We, the undersigned, have read this release and understand all its terms. We execute it voluntarily and with full knowledge of its significance.											
Phone #	Birthdate	Age	Signature	Date	Emergency Contact, Name & Phone						
	artment, hereby r h we, our heirs, p known which ma release and under	artment, hereby release the Cou h we, our heirs, personal repres known which may incur by our release and understand all its ter	artment, hereby release the County of h we, our heirs, personal representative known which may incur by our particities and understand all its terms. V	artment, hereby release the County of Maui, its agents, independent co h we, our heirs, personal representatives, or assignees may have agains known which may incur by our participation in the above-described ac release and understand all its terms. We execute it voluntarily and with	artment, hereby release the County of Maui, its agents, independent contractors, hereby release the County of Maui, its agents, independent contractors, he we, our heirs, personal representatives, or assignees may have against the County known which may incur by our participation in the above-described activity. release and understand all its terms. We execute it voluntarily and with full known that the county is a second contractor of the county						