

2025 REEL ESCAPES WAHINE FISHING TOURNAMENT

WAIVER AND RELEASE OF LIABILITY

Participant Name: _____

Phone: _____

Email: _____

Emergency Contact: _____

Boat Name : _____ **Team Name:** _____

By signing below, I acknowledge that I am voluntarily participating in the **2025 Reel Escapes Wahine Fishing Tournament** (“the Tournament”), including any **associated off-site events** hosted by or in conjunction with the Tournament (including those held at **Kona Brewing Company in Kona, Hawai‘i**), and I fully understand and agree to the following:

1. Assumption of Risk

I acknowledge that fishing tournaments, boating activities, and associated public or private events involve **inherent and potentially serious risks**. These include, but are not limited to: injury, illness, sun exposure, slips, trips or falls, vessel-related accidents, drowning, unpredictable weather or ocean conditions, wildlife encounters, crowd-related hazards, food or alcohol-related incidents, equipment failure, and transportation to and from events.

I understand and voluntarily accept **full and sole responsibility** for any injury (including permanent disability or death), illness, loss, or damage to person or property that may occur as a result of my participation—**whether during the fishing tournament or at any affiliated off-site event**—regardless of cause, and included but limited to the **negligence or alleged negligence** of the tournament organizers, sponsors, committee members, volunteers, staff, or any affiliated persons or entities.

2. Release of Liability

I hereby fully release, discharge and hold harmless **Reel Escapes Hawaii, Hawaii Big Game Fishing Club, Barbara Nakamura, Brent Hawley**, all **tournament committee members, volunteers, sponsors, event venues** (including Kona Brewing Co.), and any persons assisting in organizing or operating the Tournament (collectively, the “Released Parties”) from any and all liability, claims, or causes of action arising from or related to my participation in any part of the Tournament, including off-site events.

3. Medical Treatment

I authorize tournament organizers and volunteers to seek emergency medical care on my behalf if deemed necessary. I accept full financial responsibility for any resulting medical expenses.

4. Rules & Conduct

I agree to follow all tournament rules, Coast Guard regulations, state and federal laws, and instructions from tournament officials. I understand that failure to do so may result in disqualification without refund.

5. Media Release

I grant permission for the use of my name, image, or likeness in any photographs or video taken during the event, including off-site functions, for future promotional use without compensation.

SIGNATURE

Signature: _____

Date: _____

Boat Name: _____

For Participants Under 18 Years of Age:

I am the parent or legal guardian of the minor listed above. I have read and understand the terms of this waiver and consent to the minor's participation in the 2025 Reel Escapes Wahine Tournament. I agree to release and hold harmless the tournament organizers, sponsors, staff, and volunteers from any liability arising from the minor's participation.

Minor's Full Name: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____