



KING KAMEHAMEHA DAY
CELEBRATION PARADE
AT HISTORIC KAILUA VILLAGE KONA

LIABILITY WAIVER AND RELEASE FOR PARADE PARTICIPANTS

I, the undersigned, in consideration of my participation in the King Kamehameha Day Celebration Parade in Kailua Kona, Hawaii do hereby release and discharge the Parade Committee officials, officers, directors, employees, volunteers, partners and contractors, jointly and severally from any and all liability for personal injury accident, illness, death, property damage or other occurrence which I may suffer in any manner whatsoever arising out of or resulting from participation in said Parade, as well as any other occurrence attributed to my actions or personal property.

I expressly assume ALL risks of my participation in the Parade, including, without limitation, injury as a result of the acts of omission by any of the above-named parties, or some defect in, or on, their property of any of them, whether caused by negligence or otherwise.

I agree to hold harmless the Parade Committee officials, officers, directors, employees, volunteers, partners and contractors and their respective officials, officers, directors, employees, volunteers, partners and contractors, of and from any and all loss, damages, expenses, costs, and attorney's fees arising out of, or resulting from, my participation in the Parade, including but not limited to any damages arising out of negligent or intentional conduct of other participants or other third parties. I UNDERSTAND THAT THE PARADE COMMITTEE IS NOT RESPONSIBLE FOR THE SUPERVISION OF PARADE.

I certify that any vehicle(s) which will be driven by me (if any) in the Parade has insurance which conforms to the laws of the State of Hawaii and that I have a current valid Drivers license.

I certify that I am responsible for and that all the above applies to the individuals and personal property of those included in my Parade entry.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE AND THAT, IF SIGNING ON BEHALF OF AN ORGANIZATION, I AM AN AUTHORIZED AGENT OF SAID ORGANIZATION WITH THE POWER TO BIND AND CONTRACT ON BEHALF OF SAID ORGANIZATION.

Signature: _____
(Participant or parent/guardian (if under 18))

Date _____

Printed Name: _____

Organization _____