



# KTF Educational & Cultural Association

Presents:

## 1<sup>st</sup> Annual Oc1..... “Alii Kaleiopapa Va’a Race”

Categories: ~~Traditional & Non-Traditional~~ Women & Men

Registration Fee: \$50 (both categories)

We are limiting the entries so a \$25 (non-refundable) is required to reserve your spot

### *Participant Waiver and Release of Liability:*

In consideration of being allowed to participate in any way in the KTF Educational & Cultural Program 1<sup>st</sup> Annual Oc1 Canoe Race, I, the undersigned participant, understand, and agree to the following:

*(Please initial each section and sign the bottom)*

\_\_\_\_\_ I will assume all the foregoing risks and accept personal responsibility for the damages following such injury  
\_\_\_\_\_ I, release, waive, discharge and covenant not to sue the KTF Educational & Cultural Association, KTF Association, their respective administrators, directors, agents, coaches, and other volunteers or employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as “releasers”, from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

\_\_\_\_\_ Promotional Rights: I, undersigned grants the KTF Educational & Cultural Association, TeMana Rose Production and Tahitian School of Dance permission to telecast, show and/or print and publish any and all pictures taken of me or collectively in conjunction with the Annual TeMana Rose OC 1 solo Canoe Race. I, the undersigned release KTF Educational & Cultural Association, TeMana Rose Production and Tahitian School of dance, and its representatives all rights to publication and/or other use of aforementioned pictures for their brochures, or other promotional and/or other printed material without remuneration.

**THE UNDERSIGNED HAVING READ THE ABOVE WAIVER AND RELEASE OF LIABILITY, UNDERSTAND, THAT HE OR SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS FORM, AND SIGN IT VOLUNTARILY.**

Name: \_\_\_\_\_ Male [  ] Female [  ]  
Street Address \_\_\_\_\_ Birthdate \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell/Pager \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Email Address (Optional) \_\_\_\_\_

Contact person:  
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