

S. Tokunaga Store, Inc.

2009 Ulua Challenge

Waiver, Release and Indemnity

I understand that participating in the S. Tokunaga Store, Inc. 2009 Ulua Challenge may be dangerous and could result in loss of property and personal injury, including death. For allowing to participate in the contest, on my behalf of myself, my heirs, successors and personal representative, I hereby waive and release S. Tokunaga Store, Inc., its officers, and directors and employees, the tournament committee members, spouses and contributors from any and all damages and injury, personal and/or property, including death which I may suffer and/or incur expenses in connection with or as a result of my participation in the S. Tokunaga Store, Inc., 2009 Ulua Challenge Contest. On behalf of myself, my heirs, successors and personal representatives, I further agree to indemnify and hold harmless S. Tokunaga Store, Inc. and each and every of the aforementioned persons and entities from and against any loss, damage cost, expenses, judgment, or payment of any kind or nature, made by myself, my estate, or person or entity, in connection with an injury, including death, or property loss, which I may suffer or incur as a result of my participation in the contest.

If the contestant is a minor, we the parents and/or guardians of the minor do hereby agree that in the event the minor or anyone on behalf of the minor should make any claim against S. Tokunaga Store, Inc., its officers, directors and employees, the tournament committee members, spouses and contributors for any and all damages and injury, personal and/or property, including death or expenses suffered by the minor, we shall indemnify and hold harmless the aforementioned and entities from any loss, damages, cost, expenses, judgement or payment of any kind or nature that they may suffer from the claims or claims made.

Contestant:	_____	_____	_____
	SIGNATURE	PRINT FULL NAME	DATE
	_____	_____	_____
	ADDRESS	CITY/STATE	ZIPCODE
Parents and/or	_____	_____	_____
	SIGNATURE	PRINT FULL NAME	DATE
Guardian	_____	_____	_____
	SIGNATURE	PRINT FULL NAME	DATE
	_____	_____	_____
	ADDRESS	CITY/STATE	ZIPCODE
Witnessed By:	_____	_____	_____
	SIGNATURE	PRINT FULL NAME	DATE