

# BRADAH MEL'S WATERMAN SURFING CHAMPIONSHIPS at MAKAHA BEACH "SUP-Surfing / Body Surfing"

DECEMBER 5<sup>th</sup> & 6<sup>th</sup>, or 12<sup>th</sup> 13<sup>th</sup> 2015

EARLY ENTRY DEADLINE: NOVEMBER 28<sup>TH</sup> 2015

Send to P.O. Box 1006 Waianae Hi.96792

ONE ENTRY FORM PER PERSON: (Circle One Division)

1) Name / Sign: \_\_\_\_\_ Shirt Size \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## *Make checks Payable to: Cash*

**STAND-UP SURFING DIVISION:           \$40.00**

**BODY-SURFING DIVISION:           \$40.00**

**LATE OR BEACH ENTRY:           \$60.00**

RELEASE: To enter this contest, I promise to inspect the contest site and assure that the area is safe for competition. I agree that I will not participate in the contest unless I am satisfied that the area and conditions are safe. I understand Makaha the wave is an advanced canoe surfing / stand-up surfing / sup-squatch surfing / body surfing and tandem surfing spot and I attest that I am physically fit and have sufficiently trained for this event. By signing below I am accepting all contest rules. I understand that I cannot threaten, verbally or physically abuse the competitors, staff, judges and any other parties related to this event. I understand I must act in a professional manner and understand there will be no refunds. I understand that my image will be used internationally in conjunction with this event. In consideration of your acceptance of my entry, I intend to be legally bound, here by for myself, my heirs, executors and administrators, hold myself harmless and release the City & County of Honolulu, The State of Hawaii, Bradah Mel Puu, Kona Brewing, Quiksilver, Maui Jim, Kialoa, Monster Energy, Spinners Restaurant, and all sponsors and related parties.

Single Entry Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR CONTESTANTS UNDER 18: I hereby certify that I am the parent/guardian of the contestant named above and I do give my consent without reservation  
To all forgoing and agree to hold aforementioned from any liability. I also give my consent for medical treatment when needed.

Guardian/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_