## 2024 HOEMANA Annual Membership Application

Primary Applicant	nber New Club Member
Last Name:	First:
Date of Birth:/	Male  Female  X
Goes By/Nick Name:	Native Hawaiian 🔲
Email:	Shirt Size:
Mailing:	Best Number: ()
City: State: Zip:	or ()
Emergency Contact Name:	Phone: ()
I would <b>NOT</b> like my contact information to be a	vailable to other members of HOEMANA
<ul> <li>All First-time applicants and their family mer or birth certificate.</li> <li>Membership and dues are valid for each caler.</li> <li>All paperwork and dues must be turned in be Practices, Races or Recreational Paddles.</li> <li>Each Applicant and Family Member must cowaivers.</li> </ul> Experience <ul> <li>Yes \( \textsim \) No \( \textsim \) Can you swim?</li> <li>Yes \( \textsim \) No \( \textsim \) Have you ever raced before? His Yes \( \textsim \) No \( \textsim \)? \( \textsim \) Have you ever been registered with the properties of the propert</li></ul>	fore you will be allowed to participate in any omplete and sign the HOEMANA and HCRA ghest Classification:
Last club registered with	Years Coach
Membership Options  \$\bigcup\$ \$180 Family: may include up to 3 additions  (Only one of the additional family members may  \$ 40 for each Additional Junior members	

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#### Hoemana Consent and Indemnity

In consideration of HOEMANA, Inc. d/b/a Hoemana, Moku O Hawaii Canoe Racing Association, Hawaiian Canoe Racing Association, allowing me to participate in their activities, and use of the facilities and/or canoes owned, leased, sponsored and otherwise affiliated with HOEMANA, Inc. d/b/a Hoemana, Moku O Hawaii Canoe Racing Association, Hawaiian Canoe Racing Association, (hereinafter referred to as Hoemana activities) I, for myself, my spouse, legal representatives, heirs, and assigns, hereby release, waive and discharge HOEMANA, Inc. d/b/a Hoemana, Moku O Hawaii Canoe Racing Association, Hawaiian Canoe Racing Association, The State of Hawaii and The County of Hawaii and its respective officers, members, agents, representatives, successors, assigns and each of them (hereinafter the "Group") from all liability to me, my spouse, legal representatives, heirs and assigns for any and all loss, damage of injuries and any claims or damages resulting there from, whether caused by the negligence of the Group or otherwise, which I may incur while participating in the Hoemana activities. I further agree to indemnify "The Group" against all claims, demands, and damages or costs which they may incur by reason of my participation in the Hoemana activities. Furthermore, I hereby render "The Group" harmless from any and all injuries or damages incurred or hereafter incurred by me during any activity related to the Hoemana activities in which I am a participant.

The parties agree that Hoemana shall have the right to use the member's name and photographs for advertising, club publications, promotional, or any other lawful purposes through any medium, including, but not limited to, television, newspapers, magazines, newsletters, brochures, social media and websites approved by the club. The Undersigned may reasonably restrict this right, provided that written request is received by the Hoemana Board within 30 days of the execution of this Agreement. While Hoemana will make all reasonable efforts to abide by member's wishes, we cannot guarantee an occasional incidental use of a member's name or image will never occur (e.g., crowd/group shots).

By signing this application, I affirm that all of the information presented here is true and correct. If accepted for membership, I agree to abide by the bylaws, rules, policies, procedures, and codes of conduct of Hoemana and Moku O Hawaii Canoe Racing Association. I agree to hold harmless Hoemana, Moku O Hawaii Canoe Racing Association, Hawaiian Canoe Racing Association, The State of Hawaii and The County of Hawaii, for any injury or illness incurred, directly or indirectly, as a result of my membership or my participation in physical training, paddling or racing.

## A Family Membership includes up to Three additional members of the Primary Applicant's immediate family

(Only one of the additional family members may be over the age of 18 as of January 1, 2024)

Print Name	Signature	Age	M/F/X	Native Hawaiian Yes / No	
2				Yes / No	
3		_		Yes / No	
Primary Applicant					
Printed Name:	Signature:			Date://_	
Parent or Guardian ( <i>if prim</i>	ary applicant is under 18)				
Printed Name:	Signature:			Date://	_

# **Separate** HCRA Waivers must be attached for the Primary Applicant and each Family Member.

Please make checks payable to **Hoemana** 

HOEMANA, Inc., POBOX 6116, KAMUELA, HI 96743

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