

第27回 0 C大運動会





皆様お待ちかね恒例の JBA OC 大運動会を今年も開催いたします。是非ご参加ください!

日 時: 2015年6月7日(日)午前9時30分~午後3時(午前8時30分受付開始)

* 先着 100 名のお子様に「アーリーバード賞」を差し上げます。

* 今年も参加賞があります!

会 場: アーバイン高校スタジアム (4321 Walnut Ave., Irvine, CA 92604)

参加資格: JBA 会員及びそのご家族

参加費: 大人: \$8.00/人、 子供(4才~18才): \$4.00/人(3才以下は無料)

お弁当: \$8.00/個 *ボリュームたっぷりの弁当を用意する予定です。

申込方法: 下記申込書をよくお読みの上、申込書・リリース・参加費の3点を事務局へご郵送下さい。

(*会場へ入場するすべての方は申込みが必要です。)

郵送先: JBA -- 1411 W. 190th Street, Suite 220, Gardena, CA 90248

締 切: 【2015年 5月8日(金)】

*賞品準備の都合上、当日参加申込は原則として受付けできません。

問合せ: JBA 事務局 担当 森(2310-515-9522, Email: mori@jba.org)

JBAオレンジ・カウンティ地域部会主催 第 27 回 OC 大運動会(6/7/2015)申込書

* 必ずご家族単位で一枚の申込書をお使い下さい。 * お子様だけの参加はできません。 お申込み一家族につき、当日 1 枚のドアプライズ チケットをお渡しします。

Company Name:		Contact Person:	
☎ (Work):		E-mail:	
必ず、参加者全員	のお名前を下記記入欄へご記入て	下さい。	

- ❖ 18歳以下のお子様は、学年を日本の就学年ベース(幼、小1~高3)でご記入下さい。
- ❖ 3歳以下のお子様は参加費無料ですが、必ずお名前、性別、年齢をご記入下さい。
- ❖ グループ対抗リレー(小 1~一般 男・女 各 50~200m)に出場希望の方はリレー欄にチェック√を、アーバインマラソン(小 1~一般 男・女 各 200~800m)に出場希望の方は、マラソン欄にチェック ✓をし、組み分けに使いますので年齢をご記入下さい。
 - (リレーにつきましては、希望者多数の場合はご希望に添えない事もあります。予めご了承ください。)
- ◇ 次ページに続くリリースに大人のお名前、サイン、日付(1ページ目)とお子様のお名前、サイン(2ページ目・まだ自分でサインが書けない年齢のお子様は保護者が代理人として)、日付をご記入の上お申込書と一緒にJBA事務局までご郵送下さい。 リリースが付いていないお申込書は無効となりますのでご注意下さい。 リリース概略「参加中の事故などについては、一切の責任を参加者自身が負うことに異存ありません。」

 参加者氏名(ローマ字で)	性別	子供の学年	リレー	マ	ラソン	参加費
参加省民名(1)(子で)	ויניבו	(日本の就学ベース)	✓	✓	年齢	多加貝
	M•F	大人・高・中・小・幼・年生				\$
	M·F	大人・高・中・小・幼・年生				\$
	M·F	大人・高・中・小・幼・年生				\$
	M·F	大人・高・中・小・幼・年生				\$
	M·F	大人・高・中・小・幼・年生				\$
	お弁当	\$8.00	x		_ 個 =	\$
		Check: Payable to IBA	参加 基	10 上 4	. 当件 —	¢

WAIVER AND RELEASE OF LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

In consideration of being allowed to participate in any way in the [OC Athletic Meets (Undo-kai)] program (the "Activity"), its related events and activities, the undersigned, for himself or herself, and his or her personal representatives, assigns, heirs and next of kind, or either of them:

- 1. Hereby releases, waives, discharges and covenants not to sue the Japan Business Association of Southern California, its directors, officers, members, agents and employees (the "Releasees") from all liability to the undersigned for any and all loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the Releasees or otherwise.
- 2. Hereby agrees to indemnify and hold harmless the Releasees and each of them from any loss, liability, damage, or cost they may incur arising out of or related to the Activity, whether caused by the negligence of the Releasees or otherwise.
- 3. Hereby assumes full responsibility for and risk of bodily injury, death or property damage arising out of or related to the Activity, whether caused by the negligence of the Releasees or otherwise.
- 4. Hereby acknowledges that the Activity is inherently dangerous and involves the risk of serious injury, death, and property damage. The undersigned assumes full responsibility for and risk of bodily injury, death or property damage whether due to the negligence of Releasees, including negligent rescue operations or procedures of the Releasees.
- 5. Hereby agrees that this Waiver and Release of Liability is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

If you are at least 18 years old, please fill out and sign below. If you are 17 years old or younger, please see the next page.

Full Name (Please Print)	Signature of Participant	Date	
	I HAVE READ THIS RELEASE		
Full Name (Please Print)	Signature of Participant	Date	
	I HAVE READ THIS RELEASE		

Full Name of Minor (Please Print)	Signature of Participant (if able)	Date
	_I HAVE READ THIS RELEASE	
Full Name of Minor (Please Print)	Signature of Participant (if able)	Date
	I HAVE READ THIS RELEASE	
Full Name of Minor (Please Print)	Signature of Participant (if able)	Date
(Ticase Tillit)		
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If you are the Parent or Guardian of a Participant who is 17 years old or younger, please fill out and sign below.