



ALOHA FESTIVALS

**APPLICATION FOR O`AHU ROYAL COURT YOUTH & ADULT MEMBER 2018**  
**QUALIFICATIONS**

**MALE- Kane**

- 16-18 years of age or older
- Hair, neatly groomed & styled
- No facial hair, beards, goatee, etc.
- Be able to make all/most of the appearances

**FEMALE- Wahine**

- 16-18 years of age or older
- Hair, neatly groomed & styled
- Be able to make all/most of the appearances

**IMPORTANT NOTES:**

- Participation in the Aloha Festivals Royal Court involves many hours of volunteer service. Please indicate the numbers of hours you would be able to commit: (Check at least one)  
(Preferred) \_\_\_\_\_ 50 – 100 hours \_\_\_\_\_ More than 100 hours
- Current photos (portrait and full length) must accompany application.

**Print or Type**

**Part I – (to be completed by Applicant)**

I am applying for the following position:

- Male position on the Royal Court
- Female position on the Royal Court
- Male Court Dancer
- Female Court Dancer

Name: \_\_\_\_\_  
**(Full name)**

Address: \_\_\_\_\_  
**(Street, City, Zip Code)**

Telephone \_\_\_\_\_  
**(Day) (Evening) (Email)**

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Gender by Birth: Male \_\_\_\_\_ Female \_\_\_\_\_

Ancestry: \_\_\_\_\_

Marital Status:  Single  Married  Divorced Spouse's Name \_\_\_\_\_

Do you have any tattoos which are visible? If so, please describe the type of tattoo(s).

**No cultural, tribal, body art will be allowed.**

**REFERENCES:** Applicant must list at least two (2) personal references with telephone number.

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Acknowledgement:**

I understand that the Aloha Festivals Selection Committee reserves the right to establish rules and procedures governing the selection of the Aloha Festival Court. To my knowledge, all information given above is true.

**Completed applications and any additional information requested by the Selection Committee must be received and/or postmarked by July 31, 2018.**

**Mailing Address: Aloha Festivals Royal Court Committee, 2250 Kalakaua Ave. Ste 315, Honolulu, HI 96815**

APPLICANT SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**\* Part II – (To be completed by Parent/Guardian, School Officer & Employer, if applicable.)**

I am/We are aware that \_\_\_\_\_ has applied for the position of Royal Court member of Aloha Festivals for the island of Oahu. If selected, full cooperation will be given throughout the year to permit him/her to make appearances on behalf of the festival.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(School Officer) (Title)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Employer) (Title)

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**APPLICATION DEADLINE: July 31, 2018**  
**(Current photographs – portrait and full length, must accompany application)**

**ALOHA FESTIVALS USE ONLY:**

Date Received \_\_\_\_\_ By \_\_\_\_\_  
 Approved  Referred to Committee

**RELEASE, INDEMNITY AGREEMENT & COVENANT NOT TO SUE**  
(Signed copy to accompany application)

In consideration of being permitted to participate in as a member of the Aloha Festivals Court, I hereby release, waive and discharge Aloha Week Hawaii, Inc., a Hawai'i corporation, dba Aloha Festivals, its affiliates, subsidiaries, officers, directors, employees, agents, servants, attorneys, insurers, and persons employed or engaged by them, as well as their respective heirs, personal representatives, successors and assigns, hereinafter collectively called "Aloha Festivals" from any and all liability to me, my spouse, legal representatives, heirs, personal representatives, successors and assigns for any and all loss, damage or injury, and any claim or damages resulting thereof, on account of injury to my person or property, even injury resulting in my death, whether caused by the negligence of Aloha Festivals or otherwise, while I am appearing as a member of the Aloha Festivals Court.

I agree to indemnify Aloha Festivals from any loss, liability, damage or cost (including reasonable attorney's fees) incurred due to my participation in and presence at the Activity, whether caused by the negligence of Aloha Festivals or otherwise.

I hereby assume full responsibility for the risk of bodily injury, death or property damage due to the negligence of Aloha Festivals or otherwise, while participating in or being present at an Aloha Festivals activity.

I agree to never initiate any action or suit at law or in equity against Aloha Festivals pertaining to participation in or being present at an Aloha Festivals activity.

I expressly agree that this Release, Indemnity Agreement and Covenant Not to Sue is intended to be as broad and inclusive as permitted by the laws of the State of Hawai'i, 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 am executing this agreement for myself, my spouse, legal representatives, heirs, personal representatives, successors and assigns.

**x**

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Signature	Print Name	Date
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**x**

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Parent(s) or Guardian(s) (*If participant is under 18 years of age)	Print Name	Date
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In pursuance of my duties as a member of the Aloha Festivals Royal Court, I will be photographed or have videos taken by professionals while in full costume as a part of the Aloha Festivals celebration.

I hereby grant Aloha Festivals the right to use these photographs of myself, or any likeness of me in the pursuit of its promotional efforts and waive any right to compensation for this use in perpetuity.

**x**

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Signature	Print Name	Date
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**x**

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Parent(s) or Guardian(s) (*If participant is under 18 years of age)	Print Name	Date
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This sheet **MUST** be completed and signed!!



ALOHA FESTIVALS

## PHOTO RELEASE FORM

As an entrant in the 2018 Aloha Festivals Floral Parade we are aware that our entry may be photographed by professional photographers along the Parade route.

We hereby grant to Aloha Festivals the right to use the photographs of our entry or any likeness thereof in the pursuit of its promotional efforts and waive any rights to compensation for this use in perpetuity.

**(This form requires your signature!)**

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Signed

Title

Date

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(Business, Organization, School, etc.)

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(Address City/State Zip Code)

(C) (808) \_\_\_\_\_

(Cell Phone / Daytime Phone)