

第
34
回

オレンジカウンティ
大運動会

ORANGE COUNTY SPORT DAY



Sunday, June 9

Seegerstrom High School

🍊 イベント概要

日時： 2024年6月9日 (日) 午前10時00分～午後2時30分
* 当日、先着100名のお子様「アーリーバード賞」を差し上げます
会場： Segerstrom High School
([2301 W MacArthur Blvd, Santa Ana, CA](https://www.santaana.net/2301-W-MacArthur-Blvd-Santa-Ana-CA))
参加資格： JBA会員及びそのご家族

🍊 申込について

参加費： 大人: \$ 12.00、子供 (4歳～17歳) : \$ 6.00、3歳以下：無料
お弁当： \$14.00 (大人でもご満足頂けるサイズです)
申込方法： 下記申込書をご確認の上、申込書・免責同意書の2点をPDF又は
郵送で返送下さい。後日、代表者E-mailに請求書を送付します

PDF送付先: kawakami@jba.org

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

締 切: **【2024年5月10日 (金)】**

大満足のごはんもりもり弁当！！

※賞品準備の都合上、当日参加申込は
原則としてお受けできません



🍊 お問い合わせ先

JBA事務局 河上
Email : kawakami@jba.org

**今年も参加賞！ 競技賞！
豪華ラッフルと盛りだくさん！！**

🍊 プログラム (予定)

01. ラジオ体操
02. 徒競走
03. 幼児どん
04. はらはらオレンジ
05. 綱引き

昼食休憩 1時間

06. 玉入れ
07. 二人三脚
08. 障害物競走
09. グループ対抗リレー (事前登録要)



※前回の参加賞



JBAオレンジカウンティ地域部会主催 第34回OC大運動会 (6/9/2024) 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

企業名 (ローマ字) : _____

参加代表者名 (ローマ字) : _____

電話番号 (Office/Mobile) : _____

E-mail : _____

参加者氏名(ローマ字)	性別	年齢 <small>※リレー参加者とお子様</small>	リレー参加希望
			✓
	M・F	歳	
	M・F	歳	
	M・F	歳	
	M・F	歳	
	M・F	歳	
大人 \$12.00 X ____人、子供 (4歳~17歳) \$6.00 X ____人 お弁当 \$ 14.00 X _____ 個			

(注意事項)

- 必ず、参加者全員のお名前を上記記入欄へご記入下さい
- 3歳以下のお子様は参加費無料ですが、お名前、性別、年齢をご記入下さい
- グループ対抗リレー(6歳~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お願いします
(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。)
- 次ページに続く免責同意書にお名前、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)日付をご記入の上、お申込書と一緒にJBA 事務局までご提出下さい。 免責同意書を添付いただいていないお申込書は無効となりますのでご注意ください。

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

If you are the Parent or Guardian of a Participant who is 17 years old or younger, please fill out and sign below.

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

I HAVE READ THIS RELEASE

PARENTAL ACCEPTANCE: I am the parent or guardian of the minor(s) named above. I have read the entire agreement and understand that it is a full and final waiver and release from any claims for loss or damage due to the negligence of Releasees or otherwise that the minor may suffer. I consent to the minor's participation and approve all of the terms of this Agreement on the minor's behalf. I agree to indemnify the Releasees from any claims that might be made against them by or on behalf of the minor.

Full Name (Please Print)

Signature of Parent or Guardian

Date

I HAVE READ THIS RELEASE
