

# THE KAHALA BEACH RENTAL / GUEST REGISTRATION

4999 Kahala Avenue, Honolulu, Hawaii 96816

Phone: (808) 732-5233 Fax: (808) 735-3086

Email: kahalabeach@hawaiiantel.net

## OWNER'S INFORMATION:

APT# \_\_\_\_\_ OWNER'S NAME: \_\_\_\_\_ APT. PHONE \_\_\_\_\_  
Enter phone# \_\_\_\_\_ Mail box # \_\_\_\_\_  
OTHER PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

## OWNER'S REPRESENTATIVE'S INFORMATION (IF APPLICABLE)

NAME \_\_\_\_\_ COMPANY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NOS. \_\_\_\_\_  
EMAIL \_\_\_\_\_ FAX \_\_\_\_\_

## LESSEE / GUEST (CIRCLE ONE):

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
EMAIL \_\_\_\_\_

NAME OF OCCUPANTS OTHER THAN LESSEE (AND AGE IF UNER 18 YEARS)

\_\_\_\_\_

PERIOD OF OCCUPANCY FROM \_\_\_\_\_ TO \_\_\_\_\_  
PARKING STALL# \_\_\_\_\_ MAKE \_\_\_\_\_ COLOR \_\_\_\_\_ LIC# \_\_\_\_\_  
PARKING STALL# \_\_\_\_\_ MAKE \_\_\_\_\_ COLOR \_\_\_\_\_ LIC# \_\_\_\_\_

## WHOM TO ADVISE IN CASE OF AN EMERGENCY

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

I, the owner/leasing agent have furnished and reviewed with the occupant (tenant/guest) a copy of the House Rules of The Kahala Beach condominium and have advised the tenant on the minimum 31 day rental period a set forth in the By-Laws and House Rules.

SIGNED \_\_\_\_\_ PHONE \_\_\_\_\_  
(Circle one) OWNER / LEASING AGENT

I, the undersigned, acknowledge reading The Kahala Beach House Rules, fully understand all the provisions and agree that all occupants (members of family or guests) will abide by these rules and regulations. I have been briefed by the General Manager as part of my check-in.

\_\_\_\_\_  
SIGNATURE DATE  
CHECK OUT \_\_\_\_\_  
SIGNATURE DATE

An assessment of \$100.00 will be levied against owners who do not properly register their tenants in the Manager's office or who do not properly check out their tenants at the end of the rental period. Owners are responsible that their tenants personally sign in and out.

Decal no. \_\_\_\_\_ Date issued: \_\_\_\_\_ Departure date: \_\_\_\_\_

# The Kahala Beach Fitness Center

## Use Agreement and Waiver

As a condition of utilizing the Fitness Center, I/We, the undersigned resident(s) of The Kahala Beach agree that I/we do so at our own risk and expense, and that I/we hereby expressly release, waive, and hold harmless, The Kahala Beach Association of Apartment Owners, its Board of Directors and its members (collectively referred to hereinafter as "AOAO") from and against any and all liability or claims resulting while in or utilizing the Kahala Beach Fitness Center, regardless of the injury's cause. Except to the extent covered by insurance, I/we further expressly agree, on behalf of my/ ourselves, heirs, successors, and assigns, to fully indemnify and reimburse the AOAO any and all costs and expenses incurred by the AOAO as a result of any injury sustained or caused by me/us or any of our guests, or other authorized users arising out of my/our use of The Kahala Beach Fitness Center, regardless of the injury's cause.

I/we further recognize that I/we are solely responsible for any determination of my/our physical condition and state of health, or that of my/our guests, relative to the appropriateness of my/our use of the Fitness Center. I/we also understand that prior to undertaking any exercise program, it is recommended that a physician be consulted in order to fully understand the risks that are involved. I/we hereby represent that I/we carry my/our own health insurance or am/are members of a Health Maintenance Organization (HMO) and that I/we agree that I/we will make any and all claims which may arise as a result of my/our use of the Fitness Center in the case of or in the event of injury to me/us against said insurance or HMO. My/our insurance policy and/or HMO coverage in effect at the time of the incident will be considered my/our primary insurance or primary coverage.

Furthermore, I/we agree to utilize all equipment in a safe and proper manner, and abide by all Fitness Center rules, including any future modifications, rules, and regulations posted in the facility, or as otherwise determined by the Board of Directors. Additionally, and as more fully stated in the Condominium governing documents, I/we understand that I/we are fully responsible for any damage to the facility or its contents as a result of my/our behavior.

Signature(s) \_\_\_\_\_

Print Name(s) \_\_\_\_\_

Apartment No. \_\_\_\_\_ Date \_\_\_\_\_