



**PARCEL DELIVERY ACCEPTANCE RELEASE**

The undersigned, resident of # \_\_\_\_\_ at Waihonua authorize and appoint Waihonua's Management or Malama Advisors to receive on his/her behalf any restricted delivery or courier service from commercial firms which require signature upon delivery, i.e. FedEx, UPS, etc.

The undersigned resident fully understands, acknowledges, and agrees that:

1. Any delivery received is pursuant to this Authorization shall be duly logged in upon its receipt by the front desk staff member (Malama Advisor) on duty and shall be kept in the Waihonua Parcel Room and available for pick-up only to the undersigned; and
2. The Association of Unit Owners of Waihonua provides this service only as a courtesy to the Waihonua residents and the Association and its employees have no liability for lost or damaged deliveries which have been received pursuant to this Authorization; and
3. Any delivery which has not been picked up by the undersigned within five (5) business days of its receipt shall be sent by U.S. Mail to the address on the bottom of this form which must be within the state of Hawai'i.
4. The Association reserves the right to discontinue this service at any time upon written notification to the undersigned.
5. The Association will not accept parcels weighing more than 70 lbs.
6. Waihonua WILL NOT accept certified mail from the USPS.

Release/ Indemnity Agreement: In consideration of the service being provided to the undersigned by the AOOU of Waihonua in allowing the Association Manager's Office or Malama Advisors to accept receipt on behalf of the undersigned, of restricted delivery requiring signature upon receipt, the undersigned hereby releases, holds harmless and agrees to indemnify the Association and its employees from and against any and all liability claims, causes of actions, costs and/or judgments arising out of, directly or indirectly concerning, or resulting from the Association's Manager's Office or Agent's acceptance of restricted deliveries pursuant to the Authorization given by the undersigned.

\_\_\_\_\_  
Print Name of Resident

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Phone Number for Notification of Delivery: \_\_\_\_\_

People, other than signee, authorized to receive restricted/signature deliveries (may need ID):

\_\_\_\_\_  
Print Name of Authorized Person

\_\_\_\_\_  
Print Name of Authorized Person

Forwarding Address:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code