

University of Hawai‘i at Mānoa
EDCS 433 and/or EDCS 450 Mālama I Ka ‘Āina, Sustainability
Curriculum Studies, College of Education

ASSUMPTION OF RISK, RELEASE, AND INDEMNITY AGREEMENT

Class: EDCS 433 and/or EDCS 450 Semester: Outreach College Spring 2013 Extension

I, _____, am fully aware and acknowledge that there are inherent dangers and
 Print Participant's Name
risks involved in the field trips/activities, which include, but are not limited to: exposure to inclement weather, heat and strong sun; biting, stinging, irritating and/or poisonous plants and animals; uneven walking surfaces; occasional strenuous exertion; and beach and ocean-related hazards. I agree to strictly follow all safety procedures and guidelines. I am fully aware that there are inherent risks of injury that include, but are not limited to, illness, personal injury, or death.

I understand that the University of Hawaii does not provide health insurance or otherwise indemnify individuals with respect to injuries or other liabilities arising out of participation in field trips/activities.

In consideration of Participant being permitted to participate in the activity:

I agree, for myself, my heirs, personal representatives and assigns, to hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the University of Hawaii, its Board of Regents, officers, employees and agents from any and all claims, including, but not limited to, claims for property damage, personal injury, illness, or death, arising from my involvement or participation in the activity.

I also agree to DEFEND, INDEMNIFY AND HOLD HARMLESS the University of Hawaii, its Board of Regents, officers, agents and employees from and against any and all claims, demands, actions or causes of action, on account of any loss, including damage to personal property, or personal injury or death, which arise out of my involvement or participation in the activity.

I also agree that this Agreement shall be construed in accordance with the laws of the State of Hawaii. I further agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

I have read this Assumption of Risk, Release and Indemnity Agreement and I understand that I am giving up substantial rights, including the right to sue. I acknowledge that I am signing this Agreement freely and voluntarily.

_____,
Signature of Adult Participant

(Co-signature of parent/guardian required if under 18 years of age)

Name of Minor

Date

Print Name

(Please fill out both sides)

MEDICAL, HEALTH, SAFETY, AND CONTACT INFORMATION

Please fill in the following. If not applicable, please write N/A.

Name: _____ Home: _____ Cell: _____ Work: _____

Email(s): _____

Home Address: _____

Medical Insurance: _____

Name of Physician and Phone Number: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Non-food Allergies: _____

Food Allergies/Restrictions: _____

Drug/Medication Allergies: _____

Asthma Other Medical Issues: _____

Accommodation restrictions: _____

Mobility, Health, Safety Information: _____

KŪLIA I KA NU‘U VIDEO, AUDIO, INTERVIEW, DOCUMENT RELEASE

Kūlia I Ka Nu‘u is underwritten by an award from the Native Hawaiian Education Act. As a federally funded program, we must evaluate and disseminate project activities in several ways including research documents, participant writings, photography, videotapes, anonymous student work, and a public website. You are asked to share lessons and other writings and may be audio or videotaped during *Kūlia I Ka Nu‘u* activities.

I have read this request to share my grant-supported work and am willing to be interviewed, audiotaped, and/or videotaped. My signature below acknowledges that I am signing this Agreement freely and voluntarily.

Signature of Adult Participant

Date

Print Name

(Please fill out both sides)

The University of Hawaii at Manoa
Media Release CONSENT AND WAIVER

TO WHOM IT MAY CONCERN:

I hereby grant full permission to The University of Hawai‘i at Mānoa to prepare, use, reproduce, publish, distribute and exhibit my name, picture, portrait, likeness or voice, or any or all of them in or in connection with the production of web sites, still photography, motion picture film, television tape, film or sound track recording, scientific publication for informational or any other professional purpose deemed necessary in the interest of the mission of The University of Hawai‘i at Mānoa.

I hereby waive all rights of privacy or compensation, which I may have in connection with the use of my name, picture, portrait, likeness or voice, or any or all of them, in or in connection with said web sites, still photography, motion picture film, television tape, film or sound track recording and any use to which the same or any material therein may be put, applied or adapted by The University of Hawai‘i at Mānoa.

This consent and waiver will not be made the basis of a future claim of any kind against The University of Hawai‘i at Mānoa and any of its agencies.

IN WITNESS WHEREOF I have hereunto set my hand and seal this _____ day of _____ A.D. 20____.

PRINT NAME: _____

SIGNATURE: _____

ADDRESS: _____

PHONE NUMBER: _____