Host Department: Education

Harold L. Lyon Arboretum
University of Hawai`i at Mānoa
3860 Mānoa Road, Honolulu, Hawaii 96822-1180
Phone: (808) 988-0456 Fax: (808) 988-0462
www.manoa.hawaii.edu/lyonarboretum

Assumption of Risk and Release/Medical Consent Form for Minors

Group/Organization/School Name: Lyon Arboretum Nature Camp Date of Service/Visit:_____

Child Participant Name:_____ Child's Birthdate_____

ASSUMPTION OF RISK AND RELEASE

I/We, the undersigned, certify that the above named child is in good physical health and is able to participate in all activities of the above named program. I/We also understand and acknowledge that there are inherent dangers and risks involved with participation in the above named program with the University of Hawai'i, which include, but are not limited to: inclement weather, insect bites and stings, slippery and uneven surfaces, injuries from contact with soil, water, plants and tools. I am aware that there are inherent risk of harm that include, but not limited to illness, personal injury, or death. I understand and acknowledge that these injuries or outcomes may arise from my own or other's actions, inaction or negligence.

I/We understand that I/We are in good physical health and am able to participate in all activities of the about named program. I/We should be covered during the dates of program above by a private medical and liability policy; and I/We further understand that the University of Hawai'i does not provide such insurance or otherwise indemnify individuals with respect to injuries or other liabilities arising out of participation in the above named program.

Therefore, in consideration of the above named child being permitted to participate in the above named program, I/We hereby agree to assume all risks and responsibilities surrounding his/her participation in the above named program. I/We have read and understand any and all written materials setting forth the requirements for participation in the above referenced activity, as well as those explained by the instructor(s)/supervisor(s), and I/We agree to strictly observe them. Further, I/We do for myself, my heirs, executors, and administrators hereby accept full responsibility for my child's participation and agree to indemnify, release and discharge the University of Hawai'i, its Board of Regents, directors, officers, employees, agents, representatives, State of Hawai'i, its officers, and assigns from any and all claims or actions for property damage, personal injury, and/or death arising from such participation in the above named program or growing out of or caused by any acts or omissions of the above named child during their participation in above named program. I/We have read this Asumption of Risk, Release and Indemnity Agreement and I understand that I am giving up substantial rights, including the right to sue. I/We acknowledge that I/we am/are signing this Agreement freely and voluntarily.

MEDICAL CONSENT FORM

IN CASE OF EMERGENCY:

Contact #1 Name: _____ Relationship to Child: _____ Phone: _____

Contact #2 Name: _____ Relationship to Child: _____ Phone: _____

Primary Care Physician Name: _____ Phone: _____

Preferred Hospital: _____

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

I/We, the undersigned, consent to and authorize any medical professional and others working under their supervision to treat the above named child for any injury or illness arising from or related to my participation in the above named program.

I/We further agree to pay any and all medical expenses, costs and other charges and to release and discharge and hold harmless the University of Hawai'i, State of Hawai'i, its officers, employees, agents, and assigns from and against any liability or any claims or demands arising from or connected with such medical treatment or care.

_____ _____ _____

Print Parent/Guardian Name | Parent/Guardian Signature | Date

Lyon Arboretum Camp Registration Form **(please print)**

Class title(s) and dates: Parent or guardian's email address:

Lyon Arboretum Nature Camp

Child's First Name, MI, Last Name:

Home Address, City, State, Zip

Current Grade Level and Current School:

Child's Age: Child's Birth Date:

Parent 1 or legal guardian's name: Relationship to child Phone: home/ day/ cell

Parent 2 or guardian's name: Relationship to child Phone: home/ day/ cell

Other Guardian's Name: Relationship to child Phone: home/ day/ cell

Additional contact Relationship to child Daytime phone:

Doctor's Name: Phone:

Health Insurance Plan: Policy #:

Does your child have any special needs, health problems, food or other allergies, or sensitivity to medication?
YES ☐ NO ☐ If so please explain (if needed use another page):

In an emergency, if we are unable to contact you, may we take your child for emergency care? YES ☐ NO ☐

I give the Arboretum permission to use photographs of my child for Arboretum promotional use. YES ☐ NO ☐

_____*has my permission to attend and participate in the Lyon Arboretum's children's class activities. I understand that the Arboretum cannot be held responsible for accidents, but that all due precautions will be taken to ensure the safety of my child.* _____

Parent or guardian's signature/date

Checks may be made payable, and sent to: **Lyon Arboretum, 3860 Manoa Rd. Honolulu, HI 96822**

To make payment by phone, call 988-0456

LYON ARBORETUM

Class Cancellation and Refund Policy

If it is necessary to cancel your registration, please notify Lyon Arboretum at (808) 988-0456. A full refund, (less a $5.00 handling charge) will be issued with a minimum 7-day advance notification before the class date. No refunds will be made if you fail to show up for the class. The Arboretum reserves the right to cancel a class. A full refund will be issued if the class is cancelled by the Arboretum.

The Mission of the Lyon Arboretum is to increase the appreciation of the unique flora of Hawai`i and the tropics, by conserving, curating, and studying plants and their habitats; providing inclusive educational opportunities; encouraging use by the broader community: and supporting the educational, scientific, and service activities of the University of Hawai`i.

Class Registration Information

Advanced registration is required for all classes. You will be enrolled in the class the day your payment is received, as space is available. Class size is limited, and classes fill quickly. To avoid disappointment, register early. **Payment may be made by check or credit card.**

Please make checks payable to Lyon Arboretum

To register, use any of these 3 methods:

1. **By telephone** (808) 988-0456
2. **In person** 9 a.m. - 3 p.m. Monday through Saturday, Lyon Arboretum, 3860 Mānoa Road (Visitor Center)
3. **By mail** Lyon Arboretum: Class Registration
   3860 Mānoa Road
   Honolulu, HI 96822-1180

Class Cancellation and Refund Policy

If it is necessary to cancel your class: Please notify Lyon Arboretum at (808) 988-0461. A full refund, (less a $5.00 handling charge) will be issued with a minimum 7-day advance notification before the class date. No refunds will be made if you fail to show up for the class. The Arboretum reserves the right to cancel a class. A full refund will be issued if the class is cancelled by the Arboretum.