



Honors Program
 Sinclair Library
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ASSUMPTION OF RISK, RELEASE, AND INDEMNITY AGREEMENT
 (Field Trips and Other Off Campus Activities)

Class: _____ Date of Activity: _____

Description of Activity: _____

I am fully aware and acknowledge that there are inherent dangers and risks involved in this field trip/activity. 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 this field trip/activity.

I have read and understand any and all written materials setting forth the requirements for my participation in the field trip/activity and I agree to strictly observe them. In consideration of being permitted to participate and in full recognition of the inherent dangers and hazards in this field trip/activity and during transportation to and from this off-campus location, I voluntarily assume full responsibility for any loss, property damage or personal injury, including death, that may be sustained as a result of my participation. I, for myself, my heirs, personal representatives or assigns, hereby release, waive, discharge and covenant not to sue the University of Hawaii, its officers, employees and agents from any and all claims resulting in property damage or personal injury or illness or death arising from my participation in the field trip/activity or growing out of or caused by my acts or omissions during my participation in the field trip/activity.

I also agree to DEFEND, INDEMNIFY AND HOLD HARMLESS the University of Hawaii, its officers, agents and employees from and against any and all claims, demands and actions or causes of action, on account of damage to personal property, or personal injury or death which may result from my participation and which result from causes beyond the control of, and without the fault or negligence of the University of Hawaii, its officers or employees.

I have read the Assumption of Risk, Release, and Indemnity Agreement and understand that I am giving up substantial rights, including the right to sue. I acknowledge that I am signing the agreement freely and voluntarily. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

Name: _____

Signature: _____ Date: _____

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

Student Information

Name _____

Address _____

Phone Number/Cell Number _____

Email address _____

Emergency Contact _____

Medical Conditions (anything that could affect your participation in this program):
