



RELEASE OF LIABILITY FORM

I, _____ (“Participant”), hereby assume, any
(Participant’s name – please print)

and all inherent risks of participation and/or volunteering in the following activity or event:

Wa’a Service Day, classroom visit, or special event. (“Activity”) (circle all that apply)

Date: August 1, 2018

Location: 47-705A Kamehameha Hwy, Kaneohe, HI 96744

which is hosted by: Kanehunamoku Voyaging Academy (“Host”)

I certify that I am physically capable of participating in the Activity and have not been advised against participation in such Activity by a qualified medical professional. I certify that I am not aware of any health-related reasons or problems which would present undue risk to my participation in this Activity. I further certify that the Host has explained, and that I understand, the inherent risks involved in my participation and that I have been given the necessary instruction to participate in the Activity.

In consideration of my application and permitting me to participate in the Activity, I hereby, to the extent permitted by law, release the Host from liability for any damages, harm, or injury resulting from an inherent risk of participation in the Activity, on behalf of myself, my executors, administrators, heirs, next of kin, successors, and assigns.

If the Participant is a minor, the undersigned custodial parent or legal guardian acknowledges that he/she is signing this Release of Liability Form on behalf of the minor Participant. By signing this Release of Liability Form without a parent's or guardian's signature, the Participant represents he/she is at least 18 years of age, or, if signing as the parent or guardian of the Participant, the signer represents they are the custodial parent or legal guardian of the minor Participant.

The validity of this Release of Liability Form and any of its terms or provisions, as well as the rights and duties of the parties to this agreement, shall be governed by the laws of the State of Hawaii. Any action at law or in equity to enforce or interpret the provisions of this Release of Liability Form shall be brought in a state court of competent jurisdiction in Honolulu, Hawaii.

(balance of page left intentionally blank – signature page follows)



THE UNDERSIGNED, HAVING READ THE ABOVE RELEASE OF LIABILITY FORM,
SIGN IT VOLUNTARILY.

Please fill out in BLACK OR BLUE INK ONLY

PARTICIPANT INFORMATION

Participant Signature: _____

Date: _____

School Name: _____

EMERGENCY CONTACT:

In an emergency, contact: _____

Phone: _____

Relationship: _____