



LIVABLE HAWAII KAI HUI
Haweā Heiau Complex & Keawawa Wetland
P.O. Box 25493 | Honolulu, HI 96825 | (808) 864-8081

Assumption of Risk and Release

Insert Name of Project: Keawawa Wetland/ Hawea Heiau Complex

Name: _____ Date: _____

Address: _____ Email: _____

I understand that there are inherent dangers and risks that may be involved in **a visit** to or *project work* with Livable Hawaii Kai Hui at Keawawa Wetland & Hawea Heiau Complex. These include, but are not limited to: possible exposure to heat and strong sunlight, possible exposure to cool, windy or rainy weather, walking across slippery surfaces or rough ground, possible danger of falling on trails, possible injury from falling branches, possible encounters with spiders, centipedes or insects such as mosquitoes, bees, or wasps, and possible exposure to pathogens (such as leptospirosis) that are found in Hawaii's streams and soils including *project work* related elements.

I acknowledge that I have read the Livable Hawaii Kai Hui's Assumption of Risk and Release and understand the dangers and hazards to which I may be exposed, in or during my participation or enrollment in this activity (project work), located at Keawawa Wetland and Hawea Heiau Complex under the sponsorship of Livable Hawaii Kai Hui. I hereby assume all the risks and responsibilities surrounding my participation in this event (project work) or activity.

I/We also understand and acknowledge that there are inherent dangers and risks involved with participation in the above named program with Livable Hawaii Kai Hui, 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 understand that I/We should be covered during the Dates of Program above by a private medical and liability policy; and I/We further understand that Livable Hawaii Kai Hui 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.

I/We hereby agree to assume all risks and responsibilities surrounding my/our 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), 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 Livable Hawaii Kai Hui, its officers, volunteers, fiscal sponsor, employees, agents, 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.

Signature

Date

Print Name(s)

MEDICAL CONSENT FORM

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 Livable Hawaii Kai Hui, its officers, fiscal sponsor, volunteers, employees, agents, and assigns from and against any liability or any claims or demands arising from or connected with such medical treatment or care.

IN CASE OF EMERGENCY:

First Person to Contact: _____ Phone: _____

Second Person to Contact: _____ Phone: _____

Physician to Contact: _____ Phone: _____

Signature

Date

Print Name(s) Rev: May 2012