HAWAII NATIONAL GUARD
CHILD AND YOUTH PROGRAM
MOMC EGG-STRAVAGANZA APRIL 4th

DATA REQUIRED BY THE PRIVACY ACT OF 1974; AUTHORITY: 5 USC 3013, 10 USC 3013. PRINCIPAL PURPOSE: Identification of participants in the Hawaii National Guard Child and Youth Program. ROUTINE USES: Used to record information pertaining to attendees at the Hawaii National Guard Child and Youth event. DISCLOSURE: Disclosure is voluntary. When possible, complete electronically. Please provide your current mailing address and e-mail address. If completing for someone else, please ensure correct spelling.

FAMILY LAST NAME: _____

ATTENDING ADULTS ____

ATTENDING CHILDREN 0-5____

ATTENDING CHILDREN AGES 6-12_____

ATTENDING TEENS AGES 13-18 _____

SPONSORS' INFORMATION

Name: _____

Unit: _____ Rank: _____

Phone # cell: _____

Email Address: _____

PHOTO/MEDIA RELEASE

By checking this box, ☐ I agree to the following provision:

I understand that the Hawaii National Guard Family Program is developing photographic and multimedia materials which will illustrate activities which involve the children of the Hawaii National Guard. I grant to the Hawaii National Guard, or any of its subordinate entities, the right to take, use, reproduce, assign, and/or distribute photographs, films, videotapes and sound recordings of the participant, for use in any such materials the Hawaii National Guard or the National Guard Bureau agencies plus bona fide civilian news media organizations may create, without any payment to or future approval by me. I concur that there shall be no payment for such use.

_____

SIGNATURE OF PARENT OR GUARDIAN DATE:

_____

TYPED OR PRINTED NAME OF CHILD(REN) RELATIONSHIP TO SIGNATORY TO CHILD

CONSENT AND HOLD HARMLESS AGREEMENT AND RELEASE OF LIABILITY FORM FOR CHILD

This is an important document. Please read it carefully before you sign and return it. If you have any questions about signing the document, please consult with your personal attorney.

The undersigned, parent(s) or legal guardian(s) of _____, a minor child, do hereby consent to the participation of said child in the following activities of the Hawaii National Guard Family Program, which may be in conjunction with other agencies, organizations or sponsors:

I/We understand the nature and scope of these activities.

Said child is to abide by all reasonable rules and requirements of appropriate cooperation and conduct. Upon violation, said child may be sent home at my (our) expense.

If there is illness or injury, I hereby consent to whatever medical treatment is deemed necessary by a licensed physician, surgeon or dentist for said child, and I agree to pay the expenses related hereto.

I (we) agree to not hold the United States of America, the State of Hawaii, the Hawaii National Guard, any other organization, agency or sponsor of these activities, or their officers, members, agents, employees, contractor's or volunteers, responsible for any harm or injury, from any cause, which may befall said minor child related to or arising out of participation in these activities, and hereby release said entities and persons from liability relating hereto. I (we) further agree to indemnify, and hold said entities and persons harmless from the claims for causes of action asserted by any other persons on behalf of said child, or in their own right, arising out of said participation. I (we) similarly agree to hold said entities and person harmless from the claims of other persons arising out of any acts of said minor child. I (we) agree that these conditions and agreements are binding on all (our) heirs, executors, administrators, representatives, assignees, and successors in action.

I (we) have read and fully understand the language above, and willingly and voluntarily agree to said terms and conditions of this agreement.

Signature of Parent/ Guardian: _____

Print Name: _____

Date: _____