

RELEASE OF CLAIMS

This Release of Claims is made on _____, 20_____, by

_____, whose date of birth is _____.
(Name of Participant)

and whose address is _____.
(Street Address/P. O. Box #) (Town/City) (State) (Zip Code)

In consideration of the permission granted to me by the County of Hawai'i, State of
Hawai'i, to participate in Service to Community
(Description of Activity)

program at All Hawaii County Facilities
(Name and Address of Facility)

(hereafter "Facility") from _____, 20_____, to _____, 20_____.
(Dates of Activity)

I hereby release the County of Hawai'i, its agents, independent contractors, and employees from all actions, causes of action, damages, claims or demands, which I, my heirs, personal representatives, or assignees may have against the County of Hawai'i, and other above-named parties for all injuries, known or unknown, which may incur by my participation in the above-described activity or by my use of the above-described Facility.

I do further agree that I shall indemnify and save harmless the County of Hawai'i, or any of its officers or employees, either jointly or severally, from any and all claims, demands, damages, loss of service, or expense for property damage and for personal injuries or actions brought by a third party resulting or arising from my participation in the above-described activity or my use of the Facility.

I, the undersigned, have read this Release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Hawaii National Guard

IN WITNESS WHEREOF, I have executed this Release at Youth Challenge Academy, Hilo Campus
on the day and year first written above. *(Place of Execution)*

Participant's Signature _____ Telephone No. _____

If Participant is under 18 years of age:

Signature of Parent or Guardian _____ Telephone No. _____

Printed Name of Witness (age 18 or older)
(All signatures require a witness.)

Witness's Signature _____
(All signatures require a witness signature.)

Telephone No. _____

Please submit the filled Release and Waiver Form in hard copy with your original signature(s) to:

*Keaukaha One Youth Development
RISE 21st Century After School Program
67 Keokea Loop, Hilo, HI 96720
Ph. (808)895-8666. Email: keahi.koyd.rise@gmail.com*

Assumption of Risk, Release and Waiver

I, _____ (the undersigned) understand that there are risks involved in my participation in service- learning activities, projects, and programs on land as well as sea, on land administered by or through Keaukaha One Youth Development ("KOYD") or RISE 21st Century After School Program ("RISE") by the State of Hawai'i, including the Department of Transportation, and its Harbors Division, beginning on the date of my signature below and continuing until my completion of the program, including the risk of PROPERTY DAMAGE, PERSONAL INJURY, OR DEATH. I understand that KOYD, RISE, the State of Hawai'i, including the Department of Transportation, and its Harbors Division as well as their officers, agents, employees, or representatives does not provide liability insurance, or otherwise indemnify me or anyone else who may participate in these programs, projects and activities, for any injuries or any other liabilities arising from my participation, including transportation to and from the sites of service.

Therefore, in consideration of my participation, I assume all risks and responsibilities in relation to my participation in service-learning activities, projects, on land administered by or through KOYD and/or RISE, I release, agree to defend, hold harmless, and indemnify KOYD, RISE and, the State of Hawai'i, the Department of Transportation, Harbors Division and their other entities, as well as their officers, agents, employees, or representatives from and against all liabilities, claims, demands or causes of actions, including claims for property damage, personal injury, or death CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF MYSELF AND/OR KOYD, RISE, THE STATE OF HAWAI'I, DEPARTMENT OF TRANSPORTATION, HARBORS DIVISION AND OTHER ENTITIES, AS WELL AS THEIR OFFICERS, AGENTS, EMPLOYEES, OR REPRESENTATIVES for any hidden, latent or obvious defect in equipment, or caused by any other activities of mine, or anyone else who may be a participant in the above-mentioned activities, including transportation to and from the sites of service.

I declare that the information provided by me is correct and made in good faith.

PHOTO/VIDEO RELEASE: I understand that my classroom and field work and photo/video likeness may be selected for use in reporting, program materials, and outreach. In this event, I will make no monetary or other claim against KOYD, RISE, the State of Hawai'i, the Department of Transportation, Division of Harbors and other entities, as well as their officers, agents, employees, or representatives for such use. Unless initialized below, I hereby

