Nā Wai 'Ekolu Stream Biodiversity Survey with 'lolani School and the University of Hawai'i at Mānoa Center for Conservation and Training

K-12 Student / Volunteer	Assumption of Risk,	Release and Inc	demnity Agreement
Name of Participant:			
School:		_ Grade:	Age:

Section 1: Code of Conduct

This event is planned and conducted by 'Iolani School and the University of Hawai'i at Mānoa Center for Conservation Research and Training (UH-CCRT). All participants are responsible for their conduct to authoritative personnel or volunteers supervising the activity. Specific guidelines for conduct include:

- A. Participants shall show respect for other participants, property and facilities used during the activity or event and assume financial responsibility for any damages they cause.
- B. Participants' conduct shall be appropriate to the standards and image of 'lolani / UH-CCRT.
- C. Tobacco products, drugs, alcohol, fireworks and weapons of any kind will not be tolerated

Parents and youth participants understand and accept the responsibility for following the above guidelines, and realize that failure to do so may result in a participant being excluded from the activity and/or made ineligible to participate in future 'lolani School / UH-CCRT sponsored activities.

Initial	
---------	--

Section 2: Assumption of Risk and Release

I/We, the undersigned certify that the above individual is in good physical health and is able to participate in all activities of the above named program.

I/We acknowledge that the activities the participant will engage in with this program involve conduct in or around freshwater streams that may be dangerous, and involve unknown or unanticipated risks and dangers that can result in emotional or physical injury, death to myself or to others. I understand that the risks could include without limitation; slips, falls, drowning, or other accidents and those that simply cannot be eliminated without jeopardizing essential qualities of the activities.

I / We understand that I/We should be covered, on the date of the activities, by a private medical and liability policy; and I/We further understand that $N\bar{a}$ Wai 'Ekolu and it's collaborators ('lolani School, University of Hawai'i, City and County of Honolulu, Department of Land and Natural Resources, businesses and private land owners) do not provide such insurance or otherwise indemnify individuals with respect to injuries or other liabilities arising out of participation in the above named program.

Therefore, in consideration of all above individuals being permitted to participate in the above named program, I/We hereby agree to assume all risks and responsibilities surrounding his/her 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 'lolani School, the University of Hawai'i, City and County of Honolulu, State of
Hawai'i, Department of Land and Natural Resources, and their officers, employees, community
partners, business / land owners, 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 individual during their participation in
above named program.

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 individual during their participation in above named program.
Initial
Section 3: Medical Consent
I/We, the undersigned, consent to and authorize any medical professional and others working under their supervision to treat the above individual for any injury or illness arising from or related to 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 'Iolani School, the University of Hawai'i, City and County of Honolulu, State of Hawai'i, Department of Land and Natural Resources, its officers, employees, community partners, business / land owners, agents, and assigns from and against any liability or any claims or demands arising from or connected with such medical treatment or care.
Initial
Section 4: Publicity Release
By indication of signature below, I authorize 'Iolani School and UH-CCRT unlimited permissions to use, publish and republish for purposes of advertising, public relations, trade, or any other lawful use, the right to utilize any media of or by me, including but not limited to photographs, video or audio or me (and/or my property), or any written or electronic end product created by me as a result of my participation in this program. Use includes but is not limited to posting it on the 'Iolani School / UH-CCRT websites (e.g. www.nawaiekolu.org). I waive any rights, claims, or interests I may have to control the use of my identity or likeness in the photographs, video or audio, and agree that any uses described herein may be made without compensation or additional consideration of me. I also give the above fore-mentioned parties the right to utilize information I provide in any of their evaluation reports and exhibit this work publicly or privately. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.
Initial
Please sign if in agreement to initialed circumstances as described in earlier sections:
Signature of Parents/Guardian(s) Date

Print Name(s) of Parents / Guardians