



Last Name	First Name

Assumption of Risk and Release of Liability Form

I, the undersigned, certify that I am in good physical health and able to participate in all activities of the Uhiwai's Conservation Program, Internship Program and Outreach Program, including Volunteer Days, Guided Hikes, Educational Events, or other similar events ("Outing") hosted by Uhiwai O Haleakalā (Uhiwai) in support of Leeward Haleakalā Watershed Restoration Partnership (LHWRP) or otherwise that I choose to attend.

I understand that during my participation in an Outing, I may be exposed to a variety of hazards and risks, foreseen or unforeseen, which are inherent in each Outing and cannot be eliminated without changing the unique character of the Outing.

I also understand and acknowledge that there are inherent dangers and risks involved with participation in any Outing with Uhiwai that include, but are not limited to: gusty winds; sharp and/or slippery objects; stinging or biting insects and spiders; portable or no bathroom facilities; steep drop-offs and landslides; rugged terrain; steep and slippery trail and river crossings; no potable water; flash floods; sharp tools; lack of immediate medical facilities; wild animals; harsh weather conditions (hot and humid to wet and cold); thorny plants and dense vegetation; lack of reliable communication; no telephones; work on or near water; wet and slippery roads; herbicides; work in hunting areas; disease caused by water, air or animal vectors, serious personal injury, property damage, and death ("Injuries and Damages") from exposure to the hazards of outdoor activities and travel to and from the Outing site. Uhiwai O Haleakalā has not tried to contradict or minimize my understanding of these risks.

I know that Injuries and Damages can occur by natural causes or activities of other persons, animals, trip members, trip leaders and assistants or third parties, either as a result of negligence or because of other reasons. I understand that risks of such Injuries and Damages are involved in these activities, such as the Outings, and I appreciate that I may have to exercise extra care for myself and for others around me in the face of such hazards.

I further understand that on any particular Outing there may not be rescue or medical facilities or expertise necessary to deal with the Injuries and Damages to which I may be exposed. Uhiwai O Haleakalā, its staff and volunteers, and participating landowners take no responsibility for me or my minor child(ren) and will not be held responsible for any injuries or accidents that may occur during Outings.

I understand that I should be covered during the volunteer periods for this program by a private medical and liability policy. I further understand that the Uhiwai O Haleakalā does not provide such insurance.

In consideration for my acceptance as a participant of these Outings, and the services and amenities to be provided by Uhiwai O Haleakalā in connection with these Outings, I confirm my understanding that:

- I have read any rules and conditions applicable to the Outing made available to me; I acknowledge my participation is at the discretion of Uhiwai O Haleakalā.
- Outings do not include carpooling, transportation, or transit to and from the site, and I am personally responsible for all risks associated with this travel.
- I understand that during my participation in the Outing, I or my child(ren) may be photographed as part of Uhiwai O Haleakalā's effort to document its programs. By signing or otherwise affirming the terms of this document, I agree to give Uhiwai O Haleakalā permission to use my or my child's likeness in various media including, but not limited to, social media, website, newsletters, reports, and media releases. Use shall be for non-profit, conservation purposes, including education and community outreach. I hereby waive any rights to inspect or approve the finished image.

- The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Uhiwai O Haleakalā has put in place preventative measures to reduce the spread of COVID-19; however, Uhiwai O Haleakalā cannot guarantee that I or my child(ren) will not become infected with COVID-19. Further, attending Uhiwai O Haleakalā programming, camping, or any Outing could increase my risk and my child(ren)'s risk of contracting COVID-19. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I and/or my child(ren) may be exposed to or infected by COVID-19 by attending Uhiwai O Haleakalā programming, camping, or and Outing and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Uhiwai O Haleakalā activities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Uhiwai O Haleakalā employees, volunteers, and program participants and their families.

Therefore, in consideration of my being permitted to participate in any outing hosted by Uhiwai O Haleakalā, I hereby agree to assume all risks and responsibilities surrounding my participation in Outings hosted by Uhiwai O Haleakalā. I have read and understand any and all written materials setting forth the requirements for participation in the above referenced activities, and as well as those explained by the instructor(s) and/or Outing leader(s), and I agree to strictly observe them. Further, I do for myself, my heirs, executors, and includes any minors accompanying me on an Outing and administrators hereby accept full responsibility for my participation and agree to WAIVE, DISCHARGE CLAIMS, AND RELEASE FROM LIABILITY Uhiwai O Haleakalā, its officers, employees, agents, partners, leaders, assistants, and any participating landowners from any and all claims or actions for property damage, personal injury, and/or death arising from such participation in any of Uhiwai O Haleakalā's Outings or growing out of or caused by any acts or omissions during my participation in any of their programs. I further agree to HOLD HARMLESS Uhiwai O Haleakalā, its agents, assistants, other leaders and any participating landowners from any claims, damages, injuries or losses caused by my own negligence while a participant on an Outing.

I have read this document in its entirety, and I freely and voluntarily assume all risks of such Injuries and Damages and notwithstanding such risks, I agree to participate in Uhiwai O Haleakalā's Outings.

Signature of Participant

Date

Print and Sign Name of Parent/Guardian (if under 18 years)

Date

Volunteer Contact Information

Last Name		First Name	
Phone		Email	
Address			
City		Zip Code	



Last Name	First Name

Uhiwai O Haleakalā Conservation & Outreach Programs Medical Consent Form

I, the undersigned, consent to and authorize any medical professional and others working under their supervision to treat me for any injury or illness arising from or related to my participation in the above named program.

I further agree to pay any and all medical expenses, costs and other charges and to release and discharge and hold harmless, Uhiwai O Haleakalā, its officers, 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 _____

Allergies _____

Medical Condition(s) _____

Medications _____

Signature of Participant

Date

Print and Sign Name of Parent/Guardian (if under 18 years)

Date