



PROJECT HAWAI'I INC.

Helping Homeless Keiki Succeed across the islands of O'ahu, Hawai'i and Maui

P.O. Box 1844, Kea'au, HI 96749-1844. * (808) 987-6018

www.HelptheHomelessKeiki.org

Project Hawai'i, Inc. AGREEMENT & RELEASE OF LIABILITY

DATE OF PROGRAM: _____.

Participants Name(s): _____, _____,

Street Address: _____

City: _____ This agreement is valid for the entire tour/timeframe of event for my child(ren) to attend all camp activities with Project Hawai'i, Inc.

On behalf of myself, my child(ren), my personal representative, assignees, heirs, next of kin, as well as all others in the said minors life. I AGREE to the FOLLOWING DOCUMENT and Content.

THIS DOCUMENT INCLUDES RELEASE OF LEGAL RIGHTS AND LIABILITY WAIVERS!! PLEASE READ CAREFULLY BEFORE SIGNING

I request permission to allow the said Participant(s) to take part in Project Hawai'i, Inc., summer camp program. In consideration for participation in Project Hawai'i Summer Camp I agree to the following:

- VOLUNTARY ACTIVITY:** In consideration of being given the opportunity to participate in the EduCamp activities, transportation, sports, and all camp activities within the set agendas set forth by secure planned itinerary during the program policy term. I understand and agrees that participation in PH is purely voluntary and I will allow my child(ren) to participate freely in all activities presented to achieve the goals of the programs' success. I agree that my child is in good health, does not have any current health problems that would pose a health risk to my child by participating in camp activities.
- RELEASE OF LIABILITY:** On behalf of myself, my child(ren), my personal representative, assignees, heirs, next of kin, guardians, successors, as well as all others in the said minors life. I hereby unconditionally, irrevocably and absolutely release, discharge and agree to indemnity and old harmless PHI, Onekahkaha Beach Park, Mokupapapapapa Discovery Center, Imiloa Astronomy Center, Pana'ewa Zoo,, Kapohokine Adventures, Body Glove Adventures, including other visited sites, parks, companies, all volunteers, coordinators, directors, board of directors, and all those related to the camp, from any and all lose, liability, claims, demands, cause of action, costs or expenses (including attorney fees), damages or suits of any type, whether in law and/or equity, related directory or indirectly, or in any way connected with Participant(s) participation in the program. In addition, I understand if Participant(s) misconduct is seen as a threat, or as a hazard to other participants, Participant(s) will be released from the program and sent home at parents expenses. If Participant(s) cause any damages to the camp, private, or personal vehicles, or other camp related property, Parents will be liable for damages.

3. **ACKNOWLEDGMENT of RISK:** I understand, recognize and agree that there are dangers, hazards and risk associated with participation in Project Hawai'i Summer Camp. I understand that participate in the program can result in injury, property damage and even death. I acknowledge that I understand and have fully considered the dangers, hazards and risks associated with the program and voluntarily assume said risk associated with the Participant(s) participation in the program. I give my consent and approval for the Participant(s) to participate in the program(s). **3A: FITNESS TO PARTICIPATE:** I hereby represent and certify that Participant(s) is physically and medically able to participate in the program and has no physical or medical condition that would make his or her participation in the program activities unsafe or dangerous to the Participant(s) over all health, or those around them. I certify that Participant(s) has been seen by a healthcare provide within the last year and has no restrictions state for the participation of this program. I **FULLY ACCEPT AND ASSUME ALL SUCH RISKS:** • Land excursions, ocean adventures, transportation to and from camp, or on other camp activities which could have unforeseen damages including permanent disability, paralysis or death risks • Camp activities which include sports, outdoor play, crafts, art, music, science, play, active play, water activities, and guest who bring their talents to share and teach. While these are basic child approved activities, accidents do happen I agree and warrant and understand the all activities have been fully examined and inspected for my Participant(s) safety, and agree to follow all the safety rules set for for each activity. If it is observed any conditions which are Page 1 and 2 considered to be unacceptably hazardous or dangerous, the activity will be called off. I understand that before each activity there are every efforts to assume the safety of the Participant(s).
4. **EMERGENCY MEDICAL TREATMENT/GENERAL TREATMENT/INSURANCE:** I understand and agree that PHI doesn't NOT have medical personnel available at the location of the program available during the activities. I hereby grant PHI permission to transport Participant(s) to and from authorized medical treatment for the Participant(s), and that such action shall be subject to the terms of this agreement. I agree to pay for all expenses occurred for the transportation of the Participant(s) to and from Participant(s) recipient emergency medical treatment. Furthermore, I give permission to PHI to act as guardian of Participant(s) in case of emergency or natural disaster, and while under the care of PHI. I understand and agree that PHI assumes no responsibility for any injury or damage which might arise out of, or in connection with such authorized medical treatment. I further agree that Participant(s) has full medical insurance. Any co-pay or costs not covered by said insurance will be paid for by myself. I agree that an ambulance transport might be the best transportation and agree to set forth terms. I understand that the procedure in an emergency is to acquire medical attention to my child before I am notified, and I understand that my child's wellbeing comes first. Any adult over the age of 18 can sign for the medical treatment of my child including exams, emergency treatment, or other medical release forms whit is in the best interest of the Participant(s). This includes the common cold, cough, sore throat, allergy, or other sickness of any sorts that needs attention. I agree that all recommend and instruction will be followed and administered properly.

5. **PHOTOGRAPHY, PHOTOGRAPHS/VIDEO/LIKENESS:** I understand that my Participant(s) will be videoed and have photos taken through the entire program. I consent to the use by PHI of any photographs of the Participant(s) for publicity, promotion, advertisement ,or other legitimate purpose for the overall success of programs objective. Including and not limited to our websites, in brochures, camp books, or other media we find important to the over all goals and mission of our program. I release all rights and royalties for use of the teen participants during the program as well. I understand that PHI has a PRIVATE/CLOSED FB group that requires access by camp attendees only. This is place I can view my Participant(s) during the program. I understand that I can NOT take or use any photos for my own personal site or take likeness or facial recognition from the group to use for the privacy of all participants. I can NOT comment or share or use on any public forum, including FB or other social media/internet avenues. This is for my Participant(s) safety and privacy. Any photos used in the public pages can accept comments, shares and tags, but NO downloading of other children for promotional use.
6. I acknowledge and AGREE that I have carefully read this AGREEMENT and fully understand it's content. I understand it releases all my rights from Participant(s) harm. I acknowledge that I am voluntarily exciting this AGREEMENT of my own free will after having the opportunity to consult with legal counsel of my own choosing if required. I acknowledge and understand that this AGREEMENT releases losses of any nature suffered as a result of Participant(s) participation in the program. I agree and understand this AGREEMENT binds all members of the Participant(s) family, estate, heirs, administrators, personal representative, and assignee to be bound by it's content. **I AM THE PARTICIPANT(s) legal parent and/or guardian.** I have full permission under the law to sign for the Participant(s) rights.

PARENT/GUARDIAN NAME:

Relationship to Participant(s)

Address:

_____ City: _____ /ST _____ / ZIP _____

Signature: _____

Drivers Lic/ID # _____/STATE: _____

DATE SIGNED: _____