## 2014 HUAKA'I KAHO'OLAWE REGISTRATION FORM FOR ACCESS DATES OF:

	NAME GROUP NAME			
MAILING ADDRESS	*			
E-MAIL *				
PHONE *		AGE	(as of/ /14)	
NAME/NUMBER OF (not on Kahoʻolawe wi	EMERGENCY CONTAG	ст		
FOOD/DRUG/OTHER		CTIONS		
CURRENT PHYSICA	L LIMITATIONS			
	lease select all that app CPR LIFEGU ACLS ATLS	/ <u>y)</u> ARD/WATER SAFETY HAZMAT		
transportation, meals, supp	plies and zodiac maintenance	ļ		
		Four-day Five-day	\$ 150 \$ 170	
DONATION to PROT	ECT KAHOʻOLAWE ʻO	Five-day		
DONATION to PROT T-SHIRT (select on		Five-day		
		Five-day HANA LXL	\$ 170	
	ie) SM	Five-day HANA LXL	\$ 170 x \$15	
T-SHIRT (select on TOTAL AMOUNT EN Please of the l	e) SMM	Five-day HANA XL XXL (add \$2) Registration Form & PKO Rele d a check made payable to P	\$ 170 x \$15 x \$17 ease of Liability Agreement,	
T-SHIRT (select on TOTAL AMOUNT EN Please of the in All refund requires * Contact info is collected above	e) SM I	Five-day HANA L XL XXL (add \$2) Registration Form & PKO Rele d a check made payable to P/ e Access Coordinator at least ress for communication and hea	\$ 170 x \$15 x \$17 pase of Liability Agreement, rotect Kaho'olawe Fund	
T-SHIRT (select on TOTAL AMOUNT EN Please of the I All refund requires * Contact info is collected above sign-up at anyone of the follow I would like to be put on a main	e) SM I	Five-day HANA L XL	\$ 170	

## PROTECT KAHO'OLAWE 'OHANA/FUND ASSUMPTION AND ACKNOWLEDGEMENT OF RISK AND RELEASE of LIABILITY AGREEMENT

I, the undersigned, in full recognition and appreciation of the dangers and hazards inherent in participating in a huaka'i or field trip in the Kaho'olawe Island Reserve, to which I or my child may be exposed while on a huaka'i with the Protect Kaho'olawe 'Ohana do hereby agree to assume all the risks and responsibilities surrounding my or my child's participation to and from and presence in the Kaho'olawe Island Reserve and further, I do for myself, my heirs, executors, and administrators hereby defend, hold harmless, indemnify, and release and forever discharge the Protect Kaho'olawe 'Ohana, and all its officers, agents and employees from and against any and all claims, demands, and actions, or cause of action, on account of damage to personal property, or personal injury, or death which may result from my or my child's participation or presence, and which result from causes beyond the control of, and without the fault or negligence of the Protect Kaho'olawe 'Ohana, its officers, agents, or employees, during the period of my participation and presence as aforesaid.

[ ] I have attended a safety orientation and am aware of the potential hazards and risks of traveling between, and staying on, the island of Kaho'olawe.

I HAVE CAUSED THIS RELEASE TO BE EX	ECUTED THIS	day of	, 2014	
Signature	Print Name			
E-mail address				
Signature of Parent or Legal Guardian	Date			
MEDIA RELEASE				
I hereby grant Protect Kahoʻolawe 'Ohana my	YES	NO		

to photograph or videotape my or my child's participation as a volunteer and to use those images in any education or outreach activity (i.e. brochures, videos, displays, etc.)

## **OPTIONAL: DEMOGRAPHIC INFORMATION**

Providing this information will assist the Protect Kaho'olawe 'Ohana/Fund in collecting data that assists in fulfilling grant requirements. This information is optional and very helpful.

I am Hawaiian (directly	d <u>es</u> cended	fr <u>om i</u> nhabitants	of what is now	known as the	Hawaiian
islands prior to 1778).					