

# Expanding Your Horizons Conference - Hawaii

## April 21, 2018

Form may be emailed or mailed to:  
Jennifer Griswold  
Department of Meteorology  
2525 Correa Rd  
Honolulu, HI 96822  
[smalljen@hawaii.edu](mailto:smalljen@hawaii.edu)

### LIABILITY RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE

Name of Child Attending	
Name of Parent or Guardian	Parent or Guardian EMAIL
Contact Phone Number During Conference	
Name of Emergency Contact Person	
Emergency Contact Phone Number	
Date	

This activity presents the risk of injury. This exculpatory release confirms that the participant who signs below accepts all aspects of that risk.

1. I, the undersigned parent/guardian, hereby voluntarily expressly and affirmatively execute this agreement in return for permission for my child to participate in **the Expanding Your Horizons Conference - Hawaii** to take place on **April 21, 2018** on the **Manoa campus of the University of Hawaii**. I fully understand and appreciate the dangers, hazards, and risks inherent in the activity, which dangers include but are not limited to personal injury or death as a result or accident, act of God, or physical exertion or damage to personal property.

2. Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in the activity, I, the undersigned, agree to assume all the risks and responsibilities surrounding participation in the activity, and in advance release, waive, forever discharge, and covenant not to sue **Expanding Your Horizons Conference – Hawaii** or the **University of Hawaii at Manoa**, their governing boards, officers, agents, employees, and any students acting as employees (hereafter called the 'Releasees'), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of the Releasees, or otherwise, while in, on, upon, or in transit to or from the premises where the activity, or any adjunct to the activity, occurs or is being conducted.

3. I understand and agree that Releasees are granted permission to authorize emergency medical treatment, if necessary. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

4. It is my express intent that this release and hold harmless agreement shall bind myself, the participant, the participant's family, estate, heirs, administrators, personal representatives, or assigns and shall be deemed as a 'Release, Waiver, Discharge and Covenant' not to sue the above named Releasees. I further agree to save and hold harmless, indemnify, and defend Releasees from any claim by me or my family, arising out of

participation in the **Expanding Your Horizons Conference –Hawaii** to take place on **April 21, 2018** on the **Manoa campus of the University of Hawaii**.

5. In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the foregoing waiver of liability and hold harmless agreement by reading it before I sign it, and I understand that I sign this document as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I further state that I am at least eighteen (18) years of age and fully competent to sign this agreement; and that I execute this release for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict the participating minors' participation in this activity, and that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury.

6. I further agree that this Release shall be construed in accordance with the laws of the **STATE OF HAWAII**. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

I have read the above liability release statement and fully understand and accept all aspects of that risk.	<input type="checkbox"/> I accept
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**Media Release:**

I, \_\_\_\_\_ (student's name) do hereby give **Expanding Your Horizons Conference - Hawaii**, their assigns and legal representative the irrevocable right to use my photograph or video images in all forms and media for education or other lawful purposes in its publications and displays. I waive my right to preview or approve the finished product, including written copy that may be created in connection therewith. I understand no fee will be paid to me now or in the future. I have read this release and understand its contents.

**Parent/Guardian Consent:**

*As the parent and/or guardian of the minor named above, I have the legal authority to execute the above release. I approve the foregoing and waive my rights in the premise.*

I have read the above photo permission statement and accept the terms of this statement.	<input type="checkbox"/> I accept
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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing and printing my first and last name above and submitting this form via email, I hereby provide my digital signature and consent for this release.