

MEDICAL CONSENT FORM

Activity: _____ Location: _____

Dates: _____

[NOTE: For the purposes of this Agreement, the term "I" refers to both Parent/Legal Guardian and Participant.]

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 Activity.

I further agree to pay any and all medical expenses, costs and other charges and to release and discharge and hold harmless the State of Hawai'i, the University of Hawai'i, its Board of Regents, its officers, employees, and agents 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: _____

PARTICIPANT ACKNOWLEDGEMENT <i>(Co-signature of parent/guardian required if under 18 years of age)</i>	PARENT/LEGAL GUARDIAN ACKNOWLEDGEMENT
_____ Participant Signature Date	_____ Parent/Legal Guardian Signature Date
_____ Print Name	_____ Print Name

ASSUMPTION OF RISK, RELEASE AND INDEMNITY AGREEMENT

I understand that _____ (“Participant”) will be participating in the

University of Hawaii _5th Annual Expanding Your Horizons - Hawaii_ Program.
 (“Program”) and its activities from _April 21st_ 9 am _to_ 3:30pm_.

I _____, am fully aware and acknowledge that there are inherent dangers and risks involved in participation in the Program, which may include, but are not limited to (list possible hazards associated with the activities). I am fully aware that there are inherent risks of harm that include, but are not limited to, illness, personal injury, or death. I understand and acknowledge that these injuries or outcomes may arise from my own or other’s actions, inaction or negligence. I certify that I am in good physical health and am able to participate in all activities of the above named Program. I understand that the University of Hawaii does not provide health insurance or otherwise indemnify individuals with respect to injuries or other liabilities arising out of participation in the Program. In consideration of Participant being permitted to participate in the Program:

I agree, for myself, heirs, personal representatives and assigns, to hereby RELEASE, WAIVE DISCHARGE AND COVENANT NOT TO SUE the University of Hawaii, its Board of Regents, officers, directors, employees, agents and representatives from any and all claims, demands, actions or causes of action, on account of any loss, including damage to personal property, personal injury or death, which arise out of Participant’s involvement or participation in the Program.

I also agree to DEFEND, INDEMNIFY AND HOLD HARMLESS the University of Hawaii, its Board of Regents, directors, officers, employees, agents and representatives from and against any and all claims, demands, actions or causes of action, on account of any loss, including damage to personal property, or personal injury or death, which may arise out of Participant’s participation in the Program.

I have read this Assumption of Risk, Release and Indemnity Agreement and I understand that I am giving up substantial rights, including the right to sue. I acknowledge that I am signing this Agreement freely and voluntarily.

I agree that this Agreement shall be construed in accordance with the laws of the State of Hawaii. I further agree that if any portion of this Agreement be held invalid, the remainder shall continue in full force and effect.

Participant Signature

Print Name

Date

Signature of Parent/Guardian
(Required if Participant is under 18 years of age)

Print Name

Date