## Kalaeloa Heritage and Legacy Foundation Site Visit and Release Agreement Kalaeloa Heritage Park

I, (Participant), acknowle	dge that I have voluntarily applied to participate in
a site tour, workday or other activities with (Date).	(Organization)
(Description of activities if other than a site tour or workday)	
I acknowledge that there is an inherent risk of personal injury during this that I am participating of my own volition. I recognize that I may encous walking on unimproved and uneven walk way and paths, extreme temper for keiki (small children) and kupuna (elders). I also understand that the bathroom facilities, no drinking water, or land line telephones, and that will take appropriate steps to ensure my personal health and endurance any prescribed medication I may be taking.	nter certain dangers, including, but not limited to erature. I am aware that not all areas are suitable are is only one portable toilet, and no other emergency care may not be readily available. I
I acknowledge that Kalaeloa Heritage and Legacy Foundation (KHLF), Development Authority (HCDA), make no warranty, or representation, may be encountered during this visit.	
I am in good health and am not aware of any physical or medical condit have read and agree to follow all Park rules, regulations and safety instr	
I verify these statements by placing my initials here: Pare	ent or Guardian's initials (if under 18)
I hereby forever release the State of Hawaii, the landowner of the Kalae Development Authority, the Kalaeloa Heritage and Legacy Foundation, employees, volunteers, agents, contractors, and representatives from an assignees, heirs, distributees, guardians, next of kin, spouse and legal refor injury, death, or property damage, related to my participation in thes directly connected to these activities or not, and however caused, by any these activities occur, whether or not I am then participating in the activities distributees, guardians, next of kin, spouse and legal representatives will property of any Releasee in connection with any of the matters covered be responsible either for personally supervising the minor(s) or for make by another adult. The agreement is freely and voluntarily executed. I HAND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THA CONTRACT BETWEEN ME AND THE STATE OF HAWAII, THE FAUTHORITY, AND THE KALAELOA HERITAGE AND LEGACY IN AUTHORITY, AND THE KALAELOA HERITAGE AND LEGACY IN AUTHORITY.	and their respective directors, officers, by and all actions, claims, or demands that I, my presentatives now have, or may have in the future, be activities, the negligence or other acts, whether of Release, or the condition of the premises where ities. I also agree that I, my assignees, heirs, I not make a claim against, sue, or attach the by the foregoing release. I further agree that I will ing arrangements for supervision of the minor(s) AVE CAREFULLY READ THIS AGREEMENT AT THIS IS A RELEASE OF LIABILITY AND A HAWAII COMMUNITY DEVELOPMENT
I WOULD LIKE TO BE ADDED TO THE VOLUNTEER LIST AT REPRESENTATIVE TO CONTACT ME AS NOTED BELOW:	ND GIVE MY PERMISSION FOR A KHLF
Email Address:	Phone Number:
PARTICIPANT/RELEASOR	PARENT/GUARDIAN
(Signature / Date)	(Signature / Date)

(Revised 04/2019)