

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

I, _____ (Participant), acknowledge that I have voluntarily applied to participate in a site tour, workday or other activities with _____ (Organization) at the Kalaeloa Heritage Park on _____ (Date).

(Description of activities if other than a site tour or workday)

I acknowledge that there is an inherent risk of personal injury during this visit at the Kalaeloa Heritage Park, and I agree that I am participating of my own volition. I recognize that I may encounter certain dangers, including, but not limited to walking on unimproved and uneven walk way and paths, extreme temperature. I am aware that not all areas are suitable for keiki (small children) and kupuna (elders). I also understand that there is only one portable toilet, and no other bathroom facilities, no drinking water, or land line telephones, and that emergency care may not be readily available. I will take appropriate steps to ensure my personal health and endurance during this visit, including rest, food and carrying any prescribed medication I may be taking.

I acknowledge that Kalaeloa Heritage and Legacy Foundation (KHLF), the State of Hawaii, and the Hawaii Community Development Authority (HCDA), make no warranty, or representation, expressed or implied, regarding the conditions that may be encountered during this visit.

I am in good health and am not aware of any physical or medical condition that might endanger me or other participants. I have read and agree to follow all Park rules, regulations and safety instructions (page 2) as well as all applicable laws.

I verify these statements by placing my initials here: _____ Parent or Guardian's initials (if under 18) _____

I hereby forever release the State of Hawaii, the landowner of the Kalaeloa Heritage Park, the Hawaii Community Development Authority, the Kalaeloa Heritage and Legacy Foundation, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to my participation in these activities, the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Release, or the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release. I further agree that I will be responsible either for personally supervising the minor(s) or for making arrangements for supervision of the minor(s) by another adult. The agreement is freely and voluntarily executed. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE STATE OF HAWAII, THE HAWAII COMMUNITY DEVELOPMENT AUTHORITY, AND THE KALAELOA HERITAGE AND LEGACY FOUNDATION.

I WOULD LIKE TO BE ADDED TO THE VOLUNTEER LIST AND GIVE MY PERMISSION FOR A KHLF REPRESENTATIVE TO CONTACT ME AS NOTED BELOW:

Email Address: _____

Phone Number: _____

PARTICIPANT/RELEASOR

PARENT/GUARDIAN

(Signature / Date)

(Signature / Date)