

Edith Kanaka'ole Foundation

1500 Kalaniana'ole Street • Hilo, HI 96720 • Tel: (808) 961-5242 / Fax: (808) 961-4789

Acceptance of Conditions, Release of Indemnity Form

Name of Participant		
Organization		
Date(s)		
Is participant Native Hawaiian?	□ Yes □ No	
We (I) the undersigned and the responsibility for injury or other Properties under the Stewardshift minor(s) and authorized accompandamless the Edith Kanaka' ole Finders, successors and assigns from out of the use of All Properties of Foundation pursuant to Article X by-laws by said minor(s) and authorized accompandation pursuant to Article X by-laws by said minor(s) and authorized and the responsibility of the use of All Properties of the use of the use of All Properties of the use of the	er liability in connection with ip of the Edith Kanaka'ole For anying persons and agree to incommon to any claims, demands, or other under the Stewardship of the KII section 1 of the Edith Kanak	h the use of All undation by said demnify and hold ployees and their er liability arising Edith Kanaka'ole ka'ole Foundation
Print or Type Participant's Name	Participant's Signature	- Date
Print or Type Parent/Guardian's Name	Parent/Guardian's Signature	Date