

## **Waiver for Field Trips or Group Visits to Waipā**

5-5785A Kuhio Hwy., Hanalei, HI 96714

Managed by the Waipā Foundation Phone (808)826-9969

Fax (808)826-1478 [www.Waipāfoundation.org](http://www.Waipāfoundation.org)

**Date of Activity:** January 19, 2026 **Class or Group Name:** Hawaii Permanente Medical Group

To be completed by anyone visiting and/or participating in activities at this Kamehameha Schools Property:

### **PLEASE READ BEFORE SIGNING**

By signing below, I recognize and acknowledge, that there may be hazards and risks in visiting at/nearby the KS property including, for example, but not limited to, activities such as working and cleaning in or around any water feature such as a lo‘i or fishpond, a stream or the ocean. I understand that Waipā Foundation and the Trustees of the Estate of Bernice Pauahi Bishop (“KS”) give no assurance that the property is without risks, and do not assume responsibility for injury to any person or property, no matter who or what causes the injury.

In exchange for me being able to visit and take part in activities, and, for and on behalf of myself, I release and discharge the Released Parties listed below from all claims and demands for injury, loss or damage, arising out of, or in connection with my visit to the identified KS property and its surrounding area, even if the injury, loss or damage was caused by such person(s) or others. The persons I am releasing include The Waipā Foundation and their respective staff, directors, and board members, as well as KS and their respective trustees, officers, directors, employees, agents, and representatives (collectively, the Released Parties).

Some or all of the activities at the identified KS property that I may participate in may be covered by the Hawai‘i Recreational Statute (HRS Chapter 520) and, if so, this waiver will apply only to the extent it may provide broader protections and a broader release to the Released Parties.

I also agree that I assume full responsibility for any injury or damage to myself, or other persons or property that I may cause.

<b>Print your name and other information</b>  (required by Kamehameha Schools)	Are you Native Hawaiian? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No		Name (please print)   Signature		
	Your role here today: <input type="checkbox"/> Post-high school/college student <input type="checkbox"/> Parent/caregiver <input type="checkbox"/> Educator <input type="checkbox"/> Kupuna <input type="checkbox"/> Other _____				
First Name	MI	Last Name	Gender (M/F)	Zip Code	Birth date

**Please fill out all information above. It is required unless otherwise noted. Mahalo!**