Pōhāhā I Ka Lani

Liability Waiver & Release of Indemnity Form

P. O. Box 412, Kurtistown, HI 96760
www.pohahaikalani.com
pohahaikalani@gmail.com

Name: _____

Current Mailing Address: _____

Email Address: _____

Age: _____ Residency: ____ Hawaii Island ____Outer Island ____ Out-of-State ____

International Have you participated prior with a program of Pōhāhā I Ka Lani? ____ Yes ____ No

Ethnicity (Optional):

____ Kanaka Maoli ____ Asian ____ Native American ____ Other [Specify below]

____ Other Pacific Islander ____ Caucasian ____ Hispanic or Latino _____

Organization (School, Club, ‘Ohana, etc.): _____

Date(s) of Participation: _____

We (I) the undersigned, my heirs, executors, and administrators hereby accept full responsibility for my participation, injury or other liability in connection with: Nāpo’opo’o, Waipi’o, Hāmākua District leased parcels [owner, Bishop Museum; lessees, Kūlia Tolentino-Potter & Jesse K. Potter]; Hale Pōhāhā, 17-4519 Huina Road Kurtistown 96760 Hawai'i (owner, Kūlia Tolentino-Potter); and any other location, programs activities under the exclusive control of Pōhāhā I Ka Lani by said individual(s), authorized accompanying person(s), and their related organization and agree to indemnify and release and discharge Pōhāhā I Ka Lani, employees, agents, assigns, leaseholders, landowners, and grantors from any and all claims or actions for property damage, personal injury, and/or death arising from activities under the exclusive control of Pōhāhā I Ka Lani.

_____	_____	_____
Participating Individuals Name	Participant Signature	Date
_____	_____	_____
Parent/Guardian Name & Relationship	Parent/Guardian Signature	Date

****Minors must have signature of parent/guardian****

Updated: August 27, 2018