



Pōhāhā I Ka Lani
 P. O. Box 412, Kurtistown, HI 96760

www.pohahaikalani.org
 waipio@pohahaikalani.org

Individual Participation Form

Name: _____

Current Mailing Address: _____

Email Address: _____

Phone Number: _____ Do you consent to receiving SMS messages? ___ Yes ___ No

Age: _____ Residency: ___ Hawaii Island ___ Outer Island ___ Out-of-State ___ International

Have you participated with Pōhāhā I Ka Lani before? ___ Yes ___ No

Ethnicity/Race:

___ Native Hawaiian ___ Asian ___ Native American ___ Other [Specify below]
 ___ Other Pacific Islander ___ Caucasian ___ Hispanic or Latino _____

GROUP NAME (Organization, School, Club, ‘Ohana, or self): _____

Date(s): _____

Liability Waiver & Release of Indemnity

We (I) the undersigned, my heirs, executors, and administrators hereby accept full responsibility for my participation, injury or other liability in connection with Pōhāhā I Ka Lani programs and sites 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****

Media Release

I hereby grant Pōhāhā I Ka Lani and its partners permission to use photos and/or video of me, including my image, likeness, and voice. I understand that Pōhāhā I Ka Lani may publish the material I approve in any manner the organization deems appropriate in order to document or promote the work of Pōhāhā I Ka Lani and its partners. This includes brochures, websites, email messages, social media, educational materials, and any other publication whether printed or electronic.

Check one: ___ Yes ___ No (If no, please speak to us on the hosting to ensure we can identify you)