



Harold L. Lyon Arboretum
 University of Hawai'i at Mānoa
 3860 Mānoa Road, Honolulu, Hawaii 96822-1180
 Phone: (808) 988-0456 Fax: (808) 988-0462
www.manoa.hawaii.edu/lyon/

Assumption of Risk and Release/Medical Consent Form for Minors

GROUP/ORGANIZATION: Global Village Hawaii

DATE OF SERVICE/VISIT: 8/13/24

Child Participant Name: _____ Child's Birthdate: _____

ASSUMPTION OF RISK AND RELEASE

I/We, the undersigned, certify that the above named child is in good physical health and is able to participate in all activities of the above-named program. I/We also understand and acknowledge that there are inherent dangers and risks involved with participation in the above-named program with the University of Hawai'i, which include, but are not limited to: inclement weather, insect bites and stings, slippery and uneven surfaces, injuries from contact with soil, water, plants and tools. I am aware that there are inherent risks of harm that include, but not limited to illness, personal injury, or death. I understand and acknowledge that these injuries or outcomes may arise from my own or other's actions, inaction or negligence.

I/We understand that I/We are in good physical health and am able to participate in all activities of the about named program. I/We should be covered during the dates of program above by a private medical and liability policy; and I/We further understand that the University of Hawai'i does not provide such insurance or otherwise indemnify individuals with respect to injuries or other liabilities arising out of participation in the above-named program.

Therefore, in consideration of the above named child being permitted to participate in the above named program, I/We hereby agree to assume all risks and responsibilities surrounding his/her participation in the above named program. I/We have read and understand any and all written materials setting forth the requirements for participation in the above referenced activity, as well as those explained by the instructor(s)/supervisor(s), and I/We agree to strictly observe them. Further, I/We do for myself, my heirs, executors, and administrators hereby accept full responsibility for my child's participation and agree to indemnify, release and discharge the University of Hawai'i, its Board of Regents, directors, officers, employees, agents, representatives, State of Hawai'i, its officers, and assigns from any and all claims or actions for property damage, personal injury, and/or death arising from such participation in the above named program or growing out of or caused by any acts or omissions of the above named child during their participation in above named program. I/We have read this Assumption of Risk, Release and Indemnity Agreement and I understand that I am giving up substantial rights, including the right to sue. I/We acknowledge that I/we am/are signing this Agreement freely and voluntarily.

MEDICAL CONSENT FORM

IN CASE OF EMERGENCY:

Contact #1 Name: _____ Relationship to Child: _____ Phone: _____

Contact #2 Name: _____ Relationship to Child: _____ Phone: _____

Primary Care Physician Name: _____ Phone: _____

Preferred Hospital: _____

I /We agree that this Agreement shall be construed in accordance with the laws of the State of Hawaii. I further agree that if any portion of this Agreement be held invalid, the remainder shall continue in full force and effect.

I/We, the undersigned, consent to and authorize any medical professional and others working under their supervision to treat the above named child for any injury or illness arising from or related to my participation in the above named program.

I/We further agree to pay any and all medical expenses, costs and other charges and to release and discharge and hold harmless the University of Hawai'i, State of Hawai'i, its officers, employees, agents, and assigns from and against any liability or any claims or demands arising from or connected with such medical treatment or care.

 Print Parent/Guardian Name

 Parent/Guardian Signature

 Date