



MĀLAMA
LOKO EA
 FISHPOND

WAIVER FOR LOKO EA FISHPOND
 MINOR (AGES 17 & UNDER)
 PERMISSION AND RELEASE FORM

I/We, _____ of:
 Parent or Guardian(s) Name- Printed

Minor First Name Middle Initial Last Name

Minor's Gender: M / F Zip Code: _____ Date of Birth: (_ / _ / _ _ _) Native Hawaiian: Y / N

In consideration of allowing my/our child to participate in the activities or programs mentioned below, agree to release, indemnify, hold harmless and defend, the Kamehameha Schools (KS), the Trustees of the Estate of Bernice Pauahi Bishop, ALU LIKE, Inc., Malama Loko Ea Foundation, my/our child's school, and all respective subsidiaries, affiliates, partners, shareholders, officers, directors, employees and agents of the foregoing entities (collectively "Release Parties"), from and against any and all claims for damages, liability, injury, expense or loss (collective "Loss"), arising out of or related to my/our child's participation/attendance at the KS property **Loko Ea Fishpond located at Kawailoa, Waialua, Oahu**. I/We understand that attendance at such programs or activities carries with it inherent risks that cannot be eliminated regardless of the care taken to avoid Loss, and hereby agree to assume all such risks.

I/We hereby give permission to film, tape, or otherwise record my/our child, child's name, voice or person. I/We understand that these recordings of my/our child may include, but are not limited to, news release, photographs, media releases, open-circuit (broadcast), closed-circuit and/or cable television transmission within or outside of the State of Hawaii in perpetuity. I/We waive any right to approve any recording; and I/We understand that there is no obligation by the Released parties to use any recording. I/We understand that there will be no financial or other remuneration for any recording of my/our child, either for initial or subsequent transmission or playback. I/We also hereby give permission to Released Parties to use the information provided regarding my child for monitoring the program participation offered by Kamehameha Schools. Check this box if you do NOT give photo, film or tape permission.

 Parent or Legal Guardian Signature

 Date

 Emergency Contact Name Relationship (if different from above)

 Emergency Phone #

 Email

 Activity Name

 Activity Date

School/Company/Organization