

Please submit the filled Release and Waiver Form in hard copy with your original signature(s) to:

CSS PROGRAM FOR CIVIC ENGAGEMENT  
ACCESS, Dean Hall Room 7, UHMānoa  
2450 Campus Road, Honolulu, HI 96822  
Ph. (808) 956 0655. Email: ccssl@hawaii.edu



## University of Hawai'i Assumption of Risk Release and Waiver

I, \_\_\_\_\_ (the undersigned) understand that there are risks involved in my participation in service-learning activities, projects, and programs administered by or through the University of Hawai'i at Mānoa College of Social Sciences' Program of Civic Engagement, during the \_\_\_\_\_ semester of \_\_\_\_\_ (year), including the risk of PROPERTY DAMAGE, PERSONAL INJURY, OR DEATH. I understand that involved community and institutional partners, the State of Hawai'i, the University of Hawai'i System, including the University of Hawai'i at Mānoa and its College of Social Sciences and Department of Ethnic Studies, and their service-learning programs, their departments and other entities, as well as their officers, agents, employees, or representatives do not provide liability insurance, or otherwise indemnify me or anyone else who may participate in these programs, projects and activities, for any injuries or any other liabilities arising from my participation, including transportation to and from the sites of service.

Therefore, in consideration of my participation, I assume all risks and responsibilities in relation to my participation in service-learning activities, projects, and programs administered by or through the University of Hawai'i at Mānoa College of Social Sciences' Program of Civic Engagement, including but not limited to the Mālama I Nā Ahupua'a and Ka Holo Wa'a programs, I release, agree to defend, hold harmless, and indemnify involved community and institutional partners, the State of Hawai'i, the University of Hawai'i System, including the University of Hawai'i at Mānoa and its College of Social Sciences and Department of Ethnic Studies, and their service-learning programs, their departments and other entities, as well as their officers, agents, employees, or representatives from and against all liabilities, claims, demands or causes of actions, including claims for property damage, personal injury, or death CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF MYSELF AND/OR INVOLVED COMMUNITY AND INSTITUTIONAL PARTNERS, THE STATE OF HAWAII, THE UNIVERSITY OF HAWAII SYSTEM, INCLUDING THE UNIVERSITY OF HAWAII AT MĀNOA AND ITS COLLEGE OF SOCIAL SCIENCES AND DEPARTMENT OF ETHNIC STUDIES, AND THEIR SERVICE-LEARNING PROGRAMS, THEIR DEPARTMENTS AND OTHER ENTITIES, AS WELL AS THEIR OFFICERS, AGENTS, EMPLOYEES, OR REPRESENTATIVES for any hidden, latent or obvious defect in equipment, or caused by any other activities of mine, or anyone else who may be a participant in the above-mentioned activities, including transportation to and from the sites of service.

I declare that the information provided by me is correct and made in good faith.

**PHOTO/VIDEO RELEASE:** I understand that my classroom and field work and photo/video likeness may be selected for use in reporting, program materials, and outreach. In this event, I will make no monetary or other claim against involved community and institutional partners, the State of Hawai'i, the University of Hawai'i System, including the University of Hawai'i at Mānoa and its College of Social Sciences and Department of Ethnic Studies, and their service-learning programs, their departments and other entities, as well as their officers, agents, employees, or representatives for such use. Unless initialized below, I hereby give my permission for the release of my work and likeness for program use. I do agree to and will uphold the terms of this agreement.

\_\_\_\_\_ I do NOT allow my photo or video likeness used by any of the institutions or programs mentioned in this agreement.

(Initial) It is your own responsibility to make this decision known to site leaders and participants in activities, where photographing, taping, or filming may take place.

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Parent or Guardian Signature (if participant is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Participant email

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Parent/Guardian Email

\_\_\_\_\_  
Address while in Hawai'i

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Emergency contact: Name, relationship, and phone number

\_\_\_\_\_  
Authorized Official Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name