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 during the ____________ semester of _____, including the risk of PROPERTY DAMAGE, PERSONAL INJURY, OR DEATH. I understand that involved community partners, the State of Hawai'i, the University of Hawai'i, the College of Social Sciences, the Ethnic Studies Department, the Hawai'i Pacific Islands Campus Compact and its member institutions 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 other¬wise 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 site of service.

Therefore, in consideration of my participation, I assume all risks and responsibilities in relation to in my participation in service-learning activities, projects, and programs. I release, agree to defend, hold harmless, and indemnify involved community partners, the State of Hawai'i, the University of Hawai'i, the College of Social Sciences, the Ethnic Studies Department, the Hawai'i Pacific Islands Campus Compact and its member institutions 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 PARTNERS, THE STATE OF HAWAI'I, THE UNIVERSITY OF HAWAI'I, THE COLLEGE OF SOCIAL SCIENCES, THE ETHNIC STUDIES DEPARTMENT, THE HAWAI'I PACIFIC ISLANDS CAMPUS COMPACT AND ITS MEMBER INSTITUTIONS 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 site.

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

PHOTO/VIDEO RELEASE: I understand that my classroom 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 partners, the State of Hawai'i, the University of Hawai'i, the College of Social Sciences, the Ethnic Studies Department, the Hawai'i Pacific Islands Campus Compact and its member institutions 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 other participants in activities, where photographing, taping, or filming may take place.

_______________________________  ______________  ______________________________
Signature                             Date                  Print Name

_______________________________  ______________
Parent or Guardian Signature        Date
( if participant is under 18 years of age)

_______________________________  ______________________________
Phone                             Email Address

_______________________________  ______________________________
Authorized Official - Print Name   Signature                  Date