



UNIVERSITY of HAWAII*
MAUI COLLEGE



University of Hawaii Maui College

ASSUMPTION OF RISK AND RELEASE FORM

(Field Trips, Off Campus & Other Program Activities)

I, the undersigned, in full recognition and appreciation of the dangers and hazards inherent in any student activity of the sort normally conducted by the Mu'ō A'e program and during transportation to and from such activities, do hereby agree to assume all the risks and responsibilities surrounding my participation in the program's activities, and, further, I do for myself, my heirs, executors, and administrators hereby defend, hold harmless, indemnify, and release, and forever discharge the University of Hawaii, its officers, agents and employees from and against any and all claims, demands, and actions, or causes of action, on account of damage to personal property, or personal injury or death which may result from my participation, and which result from causes beyond the control of, and without the fault or negligence of the University of Hawaii, its officers, agents or employees, during the period of my participation as aforesaid.

IN WITNESS WHEREOF, I have caused this release to be executed this _____ day of
 (Date)

_____, _____
 (Month) (Year)

 Print Name

 Print Name - Parent/Legal Guardian
 (required only if co-signing below)

 Signature

 Parent/Legal Guardian's Signature
 (co-signature required if student under 18 yrs. old)