

**WAIVER OF LIABILITY/HOLD HARMLESS AGREEMENT-CONSENT TO MEDICAL TREATMENT
READ BEFORE SIGNING - MUST HAVE TO PARTICIPATE IN HAWAII PACIFIC CAMP/CLINIC**

In consideration of being allowed to participate in this camp, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Hawaii Pacific University and their respective officers, servants, agents, or employees (hereinafter referred to as RELEASEE) from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me/my child, or to any property belonging to me/my child, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE, or otherwise, while participating in this camp, or while in, on or upon the premises where the camp is being conducted.

To the best of my knowledge, I/my child am/is in good physical condition and I am not aware of any physical infirmity which would place me/my child at risk to participate in any way with the camp's activities or that the reasonable accommodation(s) I have listed under "Americans with Disabilities" would permit participation in the camp's activities. I am fully aware of the risks and hazards connected with this camp. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE OR PERSON INJURY, INCLUDING DEATH, that may be sustained by me/my child, or any loss or damage to property owned by me/my child, as a result of being engaged in the camp's activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEE or otherwise. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS, the RELEASEE, from any loss, liability, damage or cost, including court costs and attorneys' fees that may accrue related to me /my child's participation in the camp. WHETHER CAUSED BY NEGLIGENCE OR RELEASEE or otherwise.

During the period of the camp, I hereby give permission for the staff of Hawaii Pacific University to administer appropriate medical attention to me/my child in the event of any accident, illness, or injury, including non-prescription medications or any medications listed herein that I/my child brings to camp in original containers with dosage instructions. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance.

I further hereby authorize Hawaii Pacific University to use or distribute any picture or video related to camp activities that my child is depicted. I also authorize use of these materials for publication in a camp brochure, on the Hawaii Pacific Athletic website, or other camp promotional material. They may also be distributed to other camp members, i.e. camp picture of all campers.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall be construed in accordance with the laws of the State of Hawaii. In signing this release, I acknowledge and represent that I have read and understand it and sign it voluntarily; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete considerations fully intending to be bound by same.

I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARENT/GUARDIAN'S SIGNATURE

Date Signed/Printed Parent/Guardian Name

Print Camper's Name

Emergency Phone Number(s)

PHYSICIAN'S STATEMENT

(Copy of physical completed within 1-year prior to camp is acceptable in lieu of physician's signature)
I hereby certify that _____ has no restrictions, which would prevent him/her from active, and full participation in any and all activities related to the Camp or that the reasonable accommodation(s) listed under the Americans with Disability Act would permit participation in the camp's activities.

Doctor Signature: _____ Date: _____

Known Allergies: _____

Medication participant will bring to camp, if any: _____

AMERICANS WITH DISABILITY ACT

For individuals with disabilities, please list any reasonable accommodation(s) required for you/your child's participation in camp activities: _____

CAMPER MUST HAVE MEDICAL INSURANCE

Insurance Company Name

Insurance Provider/Customer Service Number

Policy Number

Group Number

Name on Policy

Relationship to Camper

Subscriber Phone Number

Subscriber Date of Birth