

SERVICE LEARNING PROGRAM
UNIVERSITY OF HAWAII
2425 CAMPUS ROAD; SINCLAIR M
HONOLULU, HAWAII 96822 , PHONE: (808) 956-6860

UNIVERSITY OF HAWAII
ASSUMPTION OF RISK, RELEASE AND WAIVER

I, _____ understand that there are risks involved in my participation in this volunteer service project at (Project site)

_____, including the risk of PROPERTY DAMAGE, PERSONAL INJURY, or DEATH. I understand that the State of Hawai'i, Maui Community College, and their officer, agents, employees or representatives do not provide liability insurance, or otherwise indemnify me or anyone else who may participate in this project, for any injuries or any other liabilities arising from my volunteer service.

Therefore, in consideration of my participation, I assume all risks and responsibilities surrounding this project. I release, agree to defend, hold harmless, and indemnify the State of Hawai'i, University of Hawai'i, Maui Community College and 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 CASUED BY THE PASSIVE OF ACTIVE NEGLIGENCE OF MYSELF AND/OR THE STATE OF HAWAII, UNIVERSITY OF HAWAII, Maui Community College OR ITS OFFICERS, AGENTS EMPLOYEES OR REPRESENTATIVES, for any hidden, latent or obvious defects in equipment, or caused by any other activities of mine, or anyone else who may be a volunteer participant, during this service project.

Signature

Date

Parent or Guardian Signature
If participant is under 18 years of age

Date