



# Waiver of Liability, Release, and Assumption of Risk Agreement

Name:					
Address:					
City:		State:		Zip:	
Phone:	( )	E-mail:			
Date of Birth (if minor):		School/Organization Affiliation:			

In consideration of being permitted to participate in Mālama Learning Center activities, I, for myself, or child:

1. ACKNOWLEDGE, agree and represent that I understand the nature of Mālama Learning Center activities and that I am qualified, in good health and in proper physical condition to participate in such activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the activity.
2. FULLY UNDERSTAND THAT: (a) Mālama Learning Center activities, involve risks and dangers; (b) these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in Mālama Learning Center activities, or the condition in which the activity takes place; and (c) I fully accept and assume all risks and all responsibilities for injuries I incur as a result of my participation in the activity.
3. AUTHORIZE travel by public carriers and/or private vehicles driven by an adult representative, or by foot when it is within walking distance.
4. AUTHORIZE Mālama Learning Center staff and representatives to take whatever emergency medical measures are deemed necessary for my protection or that of my child while she/he is in their care. I understand that this authorization includes provision of first aid and CPR, calling the physician I have named herein and transportation to the nearest hospital/medical center.
5. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Mālama Learning Center and all persons acting pursuant to its authority, from all liability for foreseen and unforeseen damages to the participant and/or property of the participant arising out of my/his/her participation with the Mālama Learning Center.
6. PERMISSION RELEASE to Use Photograph or Likeness: I hereby give my permission to Mālama Learning Center to use my or my child's photographic image, video or audio, in whole or in part, for public information and for marketing activities at the discretion of Mālama Learning Center. I understand that the photographs, video or audio remain the property of Mālama Learning Center.
7. FULLY UNDERSTAND THAT this waiver consents liability release for the duration of my participation with the Mālama Learning Center for one full year from the date of signature of this agreement.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without inducement or assurance of any nature.

Participant's Signature (if age 18 or over): \_\_\_\_\_

Parent/Guardian Name and Signature (if participant is under age 18): \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Physician's name: \_\_\_\_\_ phone number: \_\_\_\_\_ Medical Insurance: \_\_\_\_\_

**Alternate Emergency Contacts Information:**

_____	_____	_____
Name	Relationship to child	Phone number

Medical conditions or instructions for care that Mālama Learning Center staff should be aware of (allergies, disease, medical conditions, etc):

\_\_\_\_\_