

Edith Kanaka'ole Foundation

1500 Kalaniana'ole Avenue • Hilo, HI 96720 • Tel: (808) 961-5242 / Fax: (808) 961-4789

Acceptance of Conditions, Release of Indemnity Form

| Name of Participant | | |
|---|-------------------------------|---------------------------------|
| School | | |
| Teacher | | Grade |
| On (date(s)) | | |
| Or | | |
| Entire School Year | | _ (for frequent users only) |
| We (I) the undersigned and their heirs | and assigns agree to assume | e all responsibility for injury |
| or other liability in connection with the | use of All Properties under t | he Stewardship of the Edith |
| Kanaka'ole Foundation by said minor | (s) and authorized accompa | nying persons and agree to |
| indemnify and hold harmless the Edit | h Kanaka'ole Foundation, its | agents, and employees and |
| their heirs, successors and assigns from | n any claims, demands, or oth | er liability arising out of the |
| use of All Properties under the Stewa | rdship of the Edith Kanaka' | ole Foundation pursuant to |
| Article XII section 1 of the Edith B | Kanaka'ole Foundation by-l | aws by said minor(s) and |
| authorized persons accompanying said | d minor(s). | |
| | | |
| Print or Type Participant's Name | Participant's Signature | Date |
| Print or Type Parent/Guardian's Name | Parent/Guardian's Signature | Date |