

Waiver for Punalu'u Ahupua'a, O'ahu

PLEASE READ BEFORE SIGNING

By signing below, I recognize and acknowledge that there may be dangers and risks in visiting the ahupua'a of Punalu'u and that some of the activities at Punalu'u ahupua'a may be dangerous. I understand that The Trustees of the Estate of Bernice Pauahi Bishop ("KS") give no assurance that the ahupua'a of Punalu'u is safe for any purpose, and do not assume responsibility for injury to any person or property, no matter who or what causes the injury.

In exchange for being able to take part in activities at Punalu'u ahupua'a with _____, I release and discharge the Released Parties listed below from all claims and demands for injury, loss or damage, arising out of, or in connection with, my visit to and/or use of the ahupua'a of Punalu'u on _____, even if the injury, loss or damage was caused by such person(s) or others. The persons I am releasing include The Kamehameha Schools, University of Hawai'i, Nā Kamalei-K.E.E.P. and their respective trustees, officers, directors, employees, agents, and representatives (collectively, the Released Parties).

The visit to the ahupua'a of Punalu'u and/or some or all of the activities that I may participate in may be covered by the Hawai'i Recreational Statute (HRS Chapter 520) and, if so, this waiver will apply only to the extent it may provide broader protections and a broader release to the Released Parties.

I also agree that I assume full responsibility for any injury or damage to the child or other persons or property that I may cause.

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6.	Name	Address	Phone	E-mail	Gender	Age	Hawaiian? <small>(check if NH)</small>
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Name Address Phone E-mail Gender Age Hawaiian?
(check if NH)

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