

RELEASE OF CLAIMS - COUNTY OF HAWAII

This Release of Claims is made on _____, by

_____, whose date of birth is _____,
(Name of Participant)

and whose address is

(Street Address/P. O. Box #) (Town/City) (State) (Zip Code)

In consideration of the permission granted to me by the County of Hawai'i, State of

Hawai'i, to participate in _____
(Description of Activity)

program at _____
(Name and Address of Facility)

(hereafter "Facility") on _____,
(Date of Activity)

I hereby release the County of Hawai'i, its agents, independent contractors, and employees from all actions, causes of action, damages, claims or demands, which I, my heirs, personal representatives, or assignees may have against the County of Hawai'i, and other above-named parties for all injuries, known or unknown, which I may incur by my participation in the above-described activity or by my use of the above-described Facility.

I do further agree that I shall indemnify and save harmless the County of Hawai'i, or any of its officers or employees, either jointly or severally, from any and all claims, demands, damages, loss of service, or expense for property damage and for personal injuries or actions brought by a third party resulting or arising from my participation in the above-described activity or my use of the Facility.

I, the undersigned, have read this Release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have executed this Release at _____,
on the day and year first written above. *(Place of Execution)*

Participant's Signature Telephone No.

If Participant is under 18 years of age:

Signature of Parent or Guardian Telephone No.

Printed Name of Witness (age 18 or older)
(All signatures require a witness)

Witness's Signature Telephone No.
(All signatures require a witness signature)