



MĀLAMA MAUI NUI

Caring for the islands of Maui County in the spirit of Community Work Day Program

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Volunteer Activity Liability Waiver

The Undersigned _____, (print name), does hereby acknowledge and assumes the risk of participation in any and all activities at Community Work Day Program (CWD), doing business as Mālama Maui Nui (MMN), and all locations where MMN activities take place. He/she does hereby acknowledge that he/she will release Mālama Maui Nui, the County of Maui, and the State of Hawai'i its officers, staff members, volunteers, advisors, property owners, and/or agents in any location where MMN activities are conducted, of and from all claims which may hereafter develop or accrue to them on account of injury, loss or damage, which may be suffered by said person or to any property, because of any matter, thing, or condition, negligence or default whatsoever, and they hereby assume and accept the full risk and danger of any hurt, injury or damage which may occur through or by reason of any matter, thing or condition, negligence or default, or any person or person whatsoever.

It is further agreed and understood that he/she shall maintain in full force and effect, a policy of insurance covering medical treatment and all related costs in the event of any injury to him/her as a result of his/her participation in any and all activities at Mālama Maui Nui as foresaid. He/she also agrees that if he/she does not maintain in full force an effect a policy of insurance, he/she is still liable for medical treatment and all related costs in the event of any injury to him/her as a result of his/her participation in any and all activities involving Mālama Maui Nui as aforesaid.

The person executing this release acknowledges that there is a valid consideration to executing this release. Mandatory shoes and appropriate/protective attire (such as hat, sunscreen, etc.) are required for all outside work as a precautionary matter.

Date _____

Signature of Participant _____ Age _____

Signature of Parent or Legal Guardian (if under 18) _____

I, _____ (name of parent or guardian), agree to accompany or have another adult accompany the minor child at all times while they are involved in any activity on the premises, and acknowledge that I am fully and totally responsible for the above child at all times while he/she is participating in any activities at Mālama Maui Nui.

Signature of Parent or Legal Guardian _____

Emergency Information

Please notify the following individual(s) immediately in the event of a medical emergency.

Name _____ Relationship _____

Street Address _____

City, State, Zip _____

Phone Number (day) _____ (evening) _____

Any special medical conditions or medications the emergency personnel should be aware of:
