University of Hawai‘i at Manoa
Pacific Cooperative Studies Unit
3190 Maile Way, St. John 410
Honolulu, Hawai‘i 96822
Ph: (808) 956-3932; Fax: (808) 956-4710

_____
(Last name, First name, MI)

_____
(PCSU Program)

ASSUMPTION OF RISK AND RELEASE

I, the undersigned, certify that I am in good physical health and able to participate in all activities of the above named program.

I also understand and acknowledge that there are inherent dangers and risks involved with participation in the above named program with PCSU and the University of Hawai‘i, that include, but are not limited to: **gusty winds; sharp and/or slippery objects; stinging or biting insects and spiders; portable or no bathroom facilities; steep drop-offs and landslides; rugged terrain; steep and slippery trail and river crossings; no potable water; flash floods; sharp tools; lack of immediate medical facilities; wild animals; harsh weather conditions (hot and humid to wet and cold); thorny plants and dense vegetation; lack of reliable communication; no telephones; work on or near water; wet and slippery roads; herbicides; work in hunting areas; disease caused by water, air or animal vectors.**

I understand that I should be covered during the volunteer periods for this program by a private medical and liability policy. I further understand that the University of Hawaii does not provide such insurance.

Therefore, in consideration of my being permitted to participate in the above named program, I hereby agree to assume all risks and responsibilities surrounding my participation in the above named program. I have read and understand any and all written materials setting forth the requirements for participation in the above referenced activities, and as well as those explained by the instructor(s), and I agree to strictly observe them. Further, I do for myself, my heirs, executors, and administrators hereby accept full responsibility for my participation and agree to indemnify, release, and discharge the University of Hawai‘i, State of Hawai‘i, its officers, employees, agents, and assigns from any and all claims or actions for property damage, personal injury, an/or death arising from such participation in the above named program or growing out of or caused by any acts or omissions during my participation in above named program.

_____	_____	_____
Signature of Participant	Date	Time
_____	_____	
Print and Sign Name of Parent/Guardian (if under 18 years)	Date	

MEDICAL CONSENT FORM

I, the undersigned, consent to and authorize any medical professional and others working under their supervision to treat me for any injury or illness arising from or related to my participation in the above named program.

I further agree to pay any and all medical expenses, costs and other charges and to release and discharge and hold harmless the University of Hawai‘i, State of Hawai‘i, its officers, employees, agents, and assigns from and against any liability or any claims or demands arising from or connected with such medical treatment or care.

IN CASE OF EMERGENCY:

First Person to Contact: _____ Phone: _____

Second Person to Contact: _____ Phone: _____

Physician to Contact: _____ Phone: _____

Allergies: _____ Medical Condition: _____

Medications: _____

_____	_____	_____
Print and Sign Name of Participant	Date	Time
_____	_____	
Print and Sign Name of Parent/Guardian (if under 18 years)	Date	