

Healthy Climate Communities Assumption of Risk Release and Waiver

I, _____ (the undersigned)
understand that there are risks involved in my participation in Healthy Climate Communities educational, site preparation and planting activities (activities), including the risk of PROPERTY DAMAGE, PERSONAL INJURY, OR DEATH. I understand that Healthy Climate Communities, their involved community partners, the State of Hawai'i, as well as their officers, agents, employees, or representatives do not provide liability insurance, or otherwise indemnify me or anyone else who may participate in these activities, for any injuries or any other liabilities arising from my participation, including transportation to and from the site of service.

Therefore, in consideration of my participation, I assume all risks and responsibilities in relation to my participation in the activities. I release, agree to defend, hold harmless, and indemnify Healthy Climate Communities, involved community partners, the State of Hawai'i, as well as their officers, agents, employees, or representatives from and against all liabilities, claims, demands or causes of actions, including claims for property damage, personal injury, or death CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF MYSELF AND/OR HEALTHY CLIMATE COMMUNITIES, INVOLVED COMMUNITY PARTNERS, THE STATE OF HAWAI'I, AS WELL AS THEIR OFFICERS, AGENTS, EMPLOYEES, OR REPRESENTATIVES for any hidden, latent or obvious defect in equipment, or caused by any other activities of mine, or anyone else who may be a participant in the above-mentioned activities, including transportation to and from the site.

I declare that the information provided by me is correct and made in good faith.

PHOTO/VIDEO RELEASE: I understand that my photo/video likeness may be selected for use in reporting, program materials, and outreach. In this event, I will make no monetary or other claim Healthy Climate Communities, as well as their officers, agents, employees, or representatives for such use. Unless initialized below, I hereby give my permission for the release of my work and likeness for program use. I do agree to and will uphold the terms of this agreement.

I do NOT allow my photo or video likeness used by any of the institutions or programs mentioned in this agreement. _____ (Initial).
It is your own responsibility to make this decision known to site leaders, and other participants in activities, where photographing, taping, or filming may take place.

Signature/s _____ Date _____

Parent or Guardian Signature _____ Date _____
(if participant is under 18 years of age)

Print Name/s _____

Email _____

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