



KAMEHAMEHA SCHOOLS

INDEMNIFICATION FORM

I (print name clearly) _____
(First) (Middle) (Last)

My Gender: M / F My Birth Date: _____ My Zip Code: _____ Hawaiian Ancestry: YES / NO

Please check the appropriate box below:

Student (0-17 years old) Teacher Parent Adult (18 years or older)

in consideration of my participation in the activities or programs mentioned below, agree to release, indemnify, hold harmless and defend Bishop Holdings Corporation and all of its subsidiaries, the Kamehameha Schools, the Trustees of the Estate of Bernice Pauahi Bishop, Kamehameha Investment Corporation, and all of the respective subsidiaries, affiliates, partners, shareholders, officers, directors, employees and agents of the foregoing entities (collectively "Released Parties"), from and against any and all claims for damages, liability, injury, expense or loss (collectively "Loss"), arising out of or relating to my participation/attendance in the **Group Type and activity listed below*** programs or activities. I understand that attendance at such programs or activities carries with it inherent risks that cannot be eliminated regardless of the care taken to avoid Loss, and hereby agree to assume all such risks.

I also hereby give permission to Released Parties to take me to a doctor, dentist and/or emergency medical facility in any vehicle as Released Parties deem appropriate.

I also hereby give permission to film, tape, or otherwise record my name, voice and person. I understand that these recordings may include, but are not limited to, news releases, photographs, media releases, open-circuit (broadcast), closed circuit, and/or cable television transmission within or outside of the State of Hawaii in perpetuity. I waive any right to approve any recording; and I understand that there is no obligation by the Released Parties to use any recording. I also understand that there will be no financial or other remuneration for any recording, either for initial or subsequent transmission or playback.

I also hereby give permission to Released Parties to use my information provided above for monitoring the program participation offered by Kamehameha Schools.

Participant Signature **T-Shirt Size** **Date**
(Underage minors (0-17 years old) will need to get a signature by a legal guardian)

Mother / Father / or Legal Guardian Signature **Date** **Contact #**

*Activity Date(s)/Name: _____
Date(s) Activity

Participant from: _____
School/Company/Organization Name

HAWAI'I ISLAND: 78-6831 ALII DRIVE, SUITE 429 KAILUA-KONA, HAWAI'I 96740 TELEPHONE (808) 322-5346 FAX (808) 322-5431

Our Business is Education

Founded and Endowed by the Legacy of Princess Bernice Pauahi Bishop

12.18.2014