

# RISK AND RELEASE FORM

**PRINT CLEARLY & LEGIBLY:**

**Name of Club:** \_\_\_\_\_

**Name of Activity:** \_\_\_\_\_

**Date(s):** \_\_\_\_\_ **Time:** \_\_\_\_\_

- I understand that my participation in this activity is voluntary and I am physically fit to participate.
- I agree fully understand the written safety and other rules and precautions that are part of the requirements for my participation in the above referenced activity as well as those explained to me by my advisor(s).
- I do for myself, my heirs, executors, and administrators accept full responsibility for the indemnity, release, and discharge the University of Hawaii, its officers, agents, and employees from any and all claims of actions for property damage and/or personal injury in which may result from my failure to abide by these safety rules and precautions or from any inherent risk in said activity.

## EMERGENCY CONTACT INFORMATION

**NAME (PRINT):** \_\_\_\_\_

**PHYSICIAN'S NAME:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**MEDICAL INSURANCE (CHECK ONE OF THE FOLLOWING):**

My medical insurance carrier is: \_\_\_\_\_

I DO NOT HAVE medical insurance

**IN CASE OF AN EMERGENCY PLEASE CONTACT THE FOLLOWING PERSON:**

**Name (Print):** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_ **Work Phone Number:** \_\_\_\_\_

**MEDICAL CONSENT:**

Yes, we (I), \_\_\_\_\_, do consent to authorize any medical doctor, dentist or others working under their supervision to treat \_\_\_\_\_ for any injury or illness.

No, we (I), \_\_\_\_\_, do not consent to or authorize any medical doctor, dentist, or others working under their supervision to treat \_\_\_\_\_ for any injury or illness. Therefore, we (I) agree to assume the risk of any injury or damage from the lack of any medical treatment and further agree to release, discharge and hold harmless the State of Hawaii, its employees and agents from and against any liability and any claim or demand arising out of or in connection with said failure to provide any medical care or treatment.

**Name (Print):** \_\_\_\_\_ **Student ID #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARTICIPANT UNDER THE AGE OF 18 REQUIRES PARENT OR GUARDIAN'S SIGNATURE**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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