



**Kupu A'e DBA Kauai Team Challenge, Inc.** 121 Lihau St, Kapa'a, HI 96746 (808) 651-7013

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## RELEASE OF LIABILITY AND ASSUMPTION OF RISK

This form must be signed with NO additions, deletions or changes, for the participant to take part in the Kauai Team Challenge Inc. course activities. We want to make sure you understand the risks in Kauai Team Challenge Inc. course activities and have carefully thought through whether you want to participant.

### Please Print

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Please describe your health: **Poor Fair Good Excellent**

Do you exercise regularly? **Yes No**

Do you have any health problem or disability that may affect your ability to participate in the Kauai Team Challenge Inc. Program? If yes, please explain:

\_\_\_\_\_

Please provide the following information in case of an emergency:

Person to Notify \_\_\_\_\_ Phone \_\_\_\_\_

List allergies if any:

\_\_\_\_\_

Medications currently taking:

\_\_\_\_\_

Health/Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

\_\_\_\_\_



RELEASE FORM: The Kauai Team Challenge Inc. (Herein after collectively referred to as KTC) program involves physically and emotionally demanding activities in an outdoor setting. It includes climbing, jumping, and other rigorous activities both known and unknown on natural and man-made structures that are on the ground or at low, medium or high distances from the ground. You will be working with KTC instructors and other peers in your group. It is possible that you may be injured while participating in the program either because of your own conduct, conduct of others in your group, conduct of KTC or the condition of the premises. We want to make sure that you understand the risks of injury before you decide to participate in the program. We request that you disclose certain health or medical information to the instructors conducting programs so that they are prepared to respond appropriately if the need arises. It is required that you read the following very carefully, make sure you understand it and sign it before you begin the program.

1. I ACKNOWLEDGE THAT THE ACTIVITIES INVOLVED IN THE USE OF ANY OF KTC'S SERVICES OR FACILITIES, AT THIS LOCATION AND ALL OTHER LOCATIONS, BOTH CLIMBING AND NON-CLIMBING RELATED, ENTAIL SIGNIFICANT RISKS, BOTH KNOWN AND UNKNOWN, WHICH COULD RESULT IN PHYSICAL OR EMOTIONAL INJURY, PARALYSIS, DEATH, OR DAMAGE TO MYSELF, TO PROPERTY, OR TO THIRD PARTIES. SUCH RISKS INCLUDE, AMONG OTHERS, EQUIPMENT FAILURE, FALLING CLIMBERS, AND NEGLIGENCE OF BELAYERS AND OTHER PARTICIPANTS.

2. I AM FULLY AWARE THAT THE KTC PROGRAM THAT I AM CHOOSING TO PARTICIPATE IN INCLUDES RIGOROUS PHYSICAL ACTIVITIES. I AM ALSO AWARE THAT THERE ARE RISKS OF PHYSICAL INJURY, OR HARM FROM PARTICIPATING IN THE KTC COURSE. I VOLUNTARILY ELECT TO PARTICIPATE IN THE PROGRAM AND TO ACKNOWLEDGE THAT AT ALL TIMES; MY PARTICIPATION IS MY OWN CHOICE.

3. I ASSUME THE RISKS OF INJURY OR HARM THAT COULD RESULT FROM PARTICIPATION. ON MY OWN BEHALF, AND ON BEHALF OF MY PERSONAL REPRESENTATIVES, AND HEIRS, I HEREBY FOREVER RELEASE KTC, WAIPA FOUNDATION, HAWAII FARMERS ASSOCIATION AND PAUHI BISHOP ESTATES, ALL IT'S OFFICERS, EMPLOYEES, CONSULTANTS, AGENTS, AND DIRECTORS, AND VOLUNTEERS FROM ALL LIABILITY FROM ANY INJURY OR HARM TO ME FROM PARTICIPATING IN THE KTC PROGRAM; WHETHER THE INJURY OR HARM IS CAUSED BY THE NEGLIGENCE OF KTC OR OTHERWISE. BY SIGNING THIS DOCUMENT I AM WAIVING MY RIGHT TO MAINTAIN A LAWSUIT AGAINST THE ABOVE MENTIONED ON THE BASIS OF ANY CLAIM.

4. SHOULD KTC OR ANYONE ACTING ON THEIR BEHALF BE REQUIRED TO INCUR ATTORNEY'S FEES AND COST TO ENFORCE THIS AGREEMENT, I AGREE TO INDEMNIFY AND HOLD THEM HARMLESS FOR ALL FEES AND COSTS.



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5. I AGREE TO ABIDE BY THE RULES OF KTC.

PARTICIPANT SIGNATURE (all participants must sign)

Date:

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PARENT/GUARDIAN SIGNATURE (if participant is younger than 18)

Date:

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