



KUALOA-HE'EIA ECUMENICAL YOUTH PROJECT  
45-200 WAIHE'E RD, KANEOHE HI 96744

### Na Pua o Ko'olau Registration Form

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street/P.O. Box City Zip

Mailing Address: \_\_\_\_\_  
(if different) Street/P.O. Box City Zip

Birth Place: \_\_\_\_\_ Birth Date: \_\_\_\_\_  Over 50  18 to 49

SEX: M F Ethnicity: \_\_\_\_\_

In case of emergency, please contact #1: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, please contact #2: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

List medical conditions: \_\_\_\_\_

Would you like to receive emails from KEY Project about future events?  Yes  No

Please select the events/classes you are interested in:  Art  Computer  Community Events  Culinary  
 Flower Arranging  Exercise  Gardening  GED  Ku'i Kalo  Sewing  Ukulele

What else are you most interested in? \_\_\_\_\_

What hours are most convenient?  Morning  Afternoon  Evening

What days are most convenient? \_\_\_\_\_

Is transportation an issue for you?  Yes  No

How did you learn about the KEY Project? \_\_\_\_\_

47-200 WAIHE'E ROAD ♦ KANE`OHE HAWAII 96744 ♦ PH 808-239-5777 ♦ [www.keyproject.org](http://www.keyproject.org)



## Participant Release and Waiver of Liability Form

This Release and Waiver of Liability (the “release”) executed on \_\_\_\_\_ (date) by \_\_\_\_\_ (Participant) releases **KEY PROJECT** (Nonprofit), a 401(c) (3) nonprofit corporation organized and existing under the laws of the State of Hawaii and each of its directors, officers, employees, and agents. The Participant desires to provide participant services for a Nonprofit and engage in activities related to serving as a participant.

Participant understands that the scope of Participant’s relationship with Nonprofit is limited to a participant position and that no compensation is expected in return for services provided by Participant; that Nonprofit will not provide any benefits traditionally associated with employment to Participant; and that Participant is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Participant’s services to Nonprofit.

1. Waiver and Release: I, \_\_\_\_\_, release and forever discharge and hold harmless Nonprofit and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Nonprofit. I understand and acknowledge that this Release discharges Nonprofit from any liability or claim that I may have against Nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Nonprofit or occurring while I am providing participant services.
2. Insurance: Further I understand that Nonprofit does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Nonprofit beyond what may be offered freely by Nonprofit in the event of injury or medical expenses incurred by me.
3. Medical Treatment: I hereby Release and forever discharge Nonprofit from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a participant with Nonprofit.
4. Assumption of Risk: I understand that the services I provide to Nonprofit may include activities that may be hazardous to me including, but not limited to involving inherently dangerous activities. As a participant, I hereby expressly assume risk of injury or harm from these activities and Release Nonprofit from all liability.
5. Photographic Release: I grant and convey to Nonprofit all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Nonprofit in connection with my providing participant services to Nonprofit.
6. Other: As a participant, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Hawaii and that this Release shall be governed by and interpreted in accordance with the laws of the State of Hawaii. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected. By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

\_\_\_\_\_  
Participant Signature (Or parent/guardian if under 18)

\_\_\_\_\_  
Date

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