

‘Ao‘ao O Nā Loko I‘a O Maui
RELEASE OF LIABILITY FOR VOLUNTEERS

IN CONSIDERATION of granting me permission to engage in volunteer work and other activities, including, but not limited to, the inspection, reconstruction, revitalization and maintenance of the Kō‘ie‘ie Fishpond and related areas, the undersigned hereby releases ‘AO‘AO O NĀ LOKO I‘A O MAUI, its OFFICERS, AGENTS, DIRECTORS, SUPPORTERS, EMPLOYEES and OTHER VOLUNTEERS, hereinafter referred to individually and collectively as “RELEASEES”, from any and all claims, demands, actions, causes of action, responsibilities and/or liabilities of any kind, whether for damage to personal property, for personal injuries, for death or for any other injury or damage, which may occur from any cause of any nature arising by virtue of or during my performance of volunteer work as heretofore described, during my travel to or from the volunteer work and/or while engaging in any activities on land, in the ocean or on the fishpond wall which related to said activities in any way.

I agree that safety is my own responsibility and that it is not the responsibility of the Releasees. I understand and agree that I may be permitted upon request to enter the ocean and/or be near or upon the fishpond wall in order to provide volunteer work, and I know that the ocean and the fishpond wall are dangerous for many reasons, including currents, tides, wave action, weather, boat traffic, marine life, actions of other volunteers and persons and many other reasons. If I choose to engage in or provide volunteer activities of any kind, including those which may require me to enter the ocean or be near or upon the fishpond wall, I hereby agree that I do so at my own risk, and I realize and acknowledge that this release discharges Releasees from any and all liability and responsibility for any harm or injury which I may incur as a result of doing so.

I agree that this release is effective as a release of claims which may be brought by me personally, and that the release also applies to any and all claims which may be brought by my family members, spouse, heirs, personal representatives, executors and/or assigns.

RELEASOR:

Signature

Date

Full legal name, printed

Address

Social Security Number

City, State, Country, Zip Code

Name and phone number, in case
of emergency

Phone Number

Parent/Legal guardian’s signature,
if volunteer is under the age of 18.

WITNESS:
