

Waiver & Release Form – Summer Stars 2009 Student Name _____

COMPLETED PROGRAM PAPERWORK IS DUE TWO (2) WEEKS PRIOR TO THE START OF THE PROGRAM.

Return the attached form to: HCT, PO 662295, Lihue, HI 96766

Original signature is required on all health forms and waivers

⇒ Please read this form carefully and be aware in registering your minor child/ward for participation in the program listed above you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising from that program.

Important Information

⇒ HCT is committed to conducting its programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their children in programs and activities must recognize, however, that there is an inherent risk of injury when choosing to participate. HCT strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

⇒ Please recognize that HCT does not carry medical accident insurance for injuries sustained in its programs and activities. The cost of such medical expense would make program fees prohibitive. Therefore, each person registering themselves or a family member for a program or activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make HCT responsible for the payment of medical expenses. Your cooperation is greatly appreciated.

Release of Liability & Permission to Secure Treatment

⇒ I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).

⇒ I agree to waive and relinquish all claims I or my minor child/ward may have against HCT and its officers, agents, volunteers and employees as a result of participation in the program.

⇒ I do hereby fully release and discharge the HCT and its officers, agents, volunteers and employees from any and all claims from injury, damage or loss with the activities of the program(s).

⇒ I further agree to indemnify and hold harmless and defend HCT and its officers, agents, servants and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities of the program(s).

⇒ In the event of any emergency, I authorize HCT to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

PRINTED NAME _____