

**GENERAL WAIVER & REGISTRATION FORM**

**ASSUMPTION OF RISK, WAIVER OF LIABILITY, RELEASE, AND AGREEMENT**

In consideration of \_\_\_\_\_'s (print minor's name) ("Participant's") opportunity to attend First Presbyterian Church of Honolulu's Winter Camp from January 18-21, 2019, and to participate in activities, including higher-risk activities, of First Presbyterian Church, its agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on its behalf (hereinafter collectively referred to as FPC), I, \_\_\_\_\_ (print parent/legal guardian's name), as the parent or legal guardian of the child named above (and on behalf of myself, my spouse, children, parents, heirs, assigns, personal representatives, and estate), agree as follows:

1. I am the legal guardian of the person covered by this Participant Agreement of Risk, Waiver of Liability, Release, and Agreement (Agreement) who is under the age of 18 years.
2. I acknowledge and understand that all FPC activities are based on the "challenge by choice" principle. At any time I am free to withdraw Participant from participation in any and all FPC activities.
3. I acknowledge and understand that FPC leaders and volunteers have difficult jobs to perform, and while they seek safety, they are not infallible.
4. I acknowledge and understand that Participant's participation in all FPC activities may involve extreme physical and mental challenges. I hereby acknowledge and agree that Participant has no physical or mental infirmities that would restrict or jeopardize his/her participation in FPC activities, and that he/she is in good health physically and mentally. Any limitations are noted below, and I agree to inform the Camp Staff, both verbally and in writing, of any such limitations upon arrival.
5. I acknowledge and understand that regardless of Participant's good health, his/her participation in all FPC activities entails known and unanticipated risks to him/her, to property, or to third parties, which could result in: physical or emotional injury; paralysis; death; slips, falls, and collisions; scrapes, scratches, cuts, bruises, sprains, lacerations, fractures, concussions, and more severe life threatening head, body, or brain injuries; drowning or near-drowning; changing and unpredictable weather variations and currents; overexposure to sun, wind and other natural environments, including plants; equipment failure and misuse; interaction with marine life and other animals and creatures, including bees, sea urchins, coral, fish, and sharks; stings, bites, allergic reactions, and resulting diseases; wet surfaces, loose or uneven terrain, both natural and man-made. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the FPC activities, and that no amount of care, caution, or expertise can eliminate the inherent dangers of FPC activities, which include accident, injury, death, and damage.
6. I expressly agree and assume all of the risks existing in all FPC activities. Participant's participation is purely voluntary, and I elect to have Participant participate in spite of the risks.
7. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless FPC from any and all claims, demands, damages, or causes of action, which are in any way connected with Participant's participation in any and all FPC activities, transportation to and from such activities, and his/her use of FPC equipment, including any claims alleging negligent acts or omissions of FPC. I expressly agree not to sue, assert, or otherwise maintain or assert any claim against FPC in connection with the foregoing.
8. I certify that I have adequate insurance to cover any accident, injury, death, and damages Participant may cause or suffer while participating, or else I agree to bear the cost of such injury or damage to Participant. I further certify that I am willing to assume the risk of any medical or physical condition Participant may have.
9. I consent for Participant to receive medical treatment, including first aid and emergency transport, in the event of accident, injury, or illness. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless FPC from any claims, demands, damages, or causes of action related in any way to first aid and emergency transport service or treatment.
10. This Agreement shall be construed broadly to the maximum extent allowed by law, and shall be governed and enforced according to Hawaii law in Hawaii courts. Should FPC be required to enforce this Agreement, I agree to indemnify and hold FPC harmless from any and all attorneys' fees and costs related thereto. I agree that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I acknowledge that I have had a sufficient opportunity to read this entire document. I have read and understood the above, have considered its effects on \_\_\_\_\_ (print minor's name) ("Participant"). I hereby agree, on behalf of Participant and myself, to the terms as stated in this document. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless FPC pursuant to the foregoing. I am doing so freely and voluntarily, without any inducement or assurance of any nature. I understand and agree that facsimile and electronic signatures are fully enforceable. I authorize the FPC to use the name and any video/photographs/audio taken of Participant at anytime or in any manner in connection with its advertising, publicity and public relations programs. I will make no further claims.**

Participant Last Name:	Participant First Name:	Participant Birthdate:
Participant Phone: <span style="float: right;">Text? Y/N</span>	NOTES, LIMITATIONS, OR ALLERGIES:	
Parent/Guardian Last Name:	Parent/Guardian First Name:	Relationship to Participant:
Parent/Guardian Signature:		Date Signed:
Parent/Guardian Primary Phone: <span style="float: right;">Text? Y/N</span>	Parent/Guardian Secondary Phone: <span style="float: right;">Text? Y/N</span>	Parent/Guardian E-mail:
Shirt Size:                      Youth: ___M ___L ___XL                      Unisex: ___S ___M ___L ___XL ___XXL		

 <p>FIRST PRESBYTERIAN CHURCH OF HONOLULU AT KO'OLAU</p>	<b>OFFICIAL USE ONLY</b>	
	Payment Type/Amount: ( ) Cash _____ ( ) Check _____ ( ) Scholarship _____	Received by: _____