



**UNIVERSITY OF HAWAII, LEEWARD COMMUNITY COLLEGE
 ASSUMPTION OF RISK AND RELEASE
 (Field Trips and Other Off-Campus Activities)**

Description of Field Trip/Activity	Date of Field Trip/Activity

Course Title/Semester	Location(s)

I wish to participate in the above-described field trip/activity (**hereinafter referred to as “Activity”**) as part of my enrollment or participation in a Leeward Community College (**hereinafter referred to as “University” or “LCC”**) course or any related independent research or activity undertaken. Participation in this Activity could include transportation to and from the LCC campus and other locations. I certify that I am physically able to participate in this Activity. I understand that participation in this Activity may expose me to a risk of injury. The risks of injury may include but are not limited to minor bruises, lacerations, sprains, or strains to serious catastrophic injuries including permanent disability or death.

I acknowledge that it is my responsibility to know my general state of health and I am unaware of any medical condition which may make my participation inadvisable. I acknowledge that it is recommended that I determine whether I have adequate insurance or protection in case of any injury resulting from my participation in this Activity. I understand that the University of Hawaii does not provide health insurance or otherwise indemnify individuals with respect to injuries or other liabilities arising out of participation in this Activity.

In consideration of being permitted to participate in the above Activity, I voluntarily assume full responsibility for any loss, property damage or personal injury, including death that may be sustained as a result of my participation. I, for myself, my heirs, personal representatives, or assigns, do hereby release, waive, discharge, and covenant not to sue the University of Hawaii, its officers, employees, and agents from any and all claims resulting in property damage or personal injury or illness or death arising from my participation in the Activity, the inherent risks in the Activity or growing out of or caused by my acts or omissions during my participation in the Activity.

I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

I have read this Assumption of Risk and Release, and Indemnity Agreement and I understand that I am giving up substantial rights, including the right to sue. I acknowledge that I am signing this agreement freely and voluntarily.

Signature
 (Co-signature of parent or guardian required if under 18 years of age)

Date

Print Name: _____