



University of Hawaii at Manoa Pacific Cooperative Studies Unit

3190 Maile Way, St. John 410 Honolulu, Hawaii 96822
Phone: (808) 956-3932 Fax: (808) 956-4710
Web: <http://www.botany.hawaii.edu/faculty/duffy/PCSU.htm>

Single Activity Volunteer Application Form

Project Name: Ko'olau Mountains Watershed Partnership Project: KMWP Outreach - Waihe'e Valley

Name: _____

Mailing Address: _____

Phone (home): _____ (work): _____ (cell): _____

Best time to call: *AM PM* E-mail: _____
(circle one)

In case of emergency, who should we notify? *This person should be on island*

Name: _____ Relationship: _____

Phone: (home): _____ (work): _____ (cell): _____

PLEASE READ CAREFULLY AND SIGN

I certify that the information provided on this Volunteer Application Form is true and accurate, and any misrepresentation provided on this form may result in my immediate termination as a volunteer. I have read the Volunteer Position Description. If selected, I will comply with all requirements specified by the project supervisor and acknowledge that the University may at its discretion terminate my participation in providing volunteer services at any time.

Signature of Applicant

Date

Print Name/Signature of Parent/Guardian (if under 18 years)

Date

To be completed by Project Supervisor or Volunteer Coordinator and PCSU

Project Service Group: _____ Date of Activity: _____

Volunteer Job Title: KMWP Volunteer (Invasive species removal and restoration)

Project Volunteer Supervisor: _____

PI or Authorized Rep: _____ Date: _____

Authorized by: _____ Date: _____



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(Last Name, First Name, M.I.)

KMWP

(PCSU Program)

ASSUMPTION OF RISK AND RELEASE

I, the undersigned, certify that I am in good physical health and able to participate in all activities of the above named program.

I also understand and acknowledge that there are inherent dangers and risks involved with participation in the above named program with PCSU and the University of Hawai'i, that include, but are not limited to: **gusty winds; sharp and/or slippery objects; stinging or biting insects and spiders; portable or no bathroom facilities; steep drop-offs and landslides; rugged terrain; steep and slippery trail and river crossings; no potable water; flash floods; sharp tools; lack of immediate medical facilities; wild animals; harsh weather conditions (hot and humid to wet and cold); thorny plants and dense vegetation; lack of reliable communication; no telephones; work on or near water; wet and slippery roads; herbicides; work in hunting areas; disease caused by water, air or animal vectors.**

I understand that I should be covered during the volunteer periods for this program by a private medical and liability policy; and I further understand that the University of Hawaii does not provide such insurance or otherwise indemnify individuals with respect to injuries or other liabilities arising out of participation in the above named program.

Therefore, in consideration of my being permitted to participate in the above named program, I hereby agree to assume all risks and responsibilities surrounding my participation in the above named program. I have read and understand any and all written materials setting forth the requirements for participation in the above referenced activities, and as well as those explained by the instructor(s), and I agree to strictly observe them. Further, I do for myself, my heirs, executors, and administrators hereby accept full responsibility for my participation and agree to indemnify, release, and discharge the University of Hawai'i, State of Hawai'i, its officers, employees, agents, and assigns from any and all claims or actions for property damage, personal injury, an/or death arising from such participation in the above named program or growing out of or caused by any acts or omissions during my participation in above named program.

Signature of Participant

Date

Time

Print and Sign Name of Parent/Guardian (if under 18 years)

Date

MEDICAL CONSENT FORM

I, the undersigned, consent to and authorize any medical professional and others working under their supervision to treat me for any injury or illness arising from or related to my participation in the above named program.

I further agree to pay any and all medical expenses, costs and other charges and to release and discharge and hold harmless the University of Hawai'i, State of Hawai'i, its officers, employees, agents, and assigns from and against any liability or any claims or demands arising from or connected with such medical treatment or care.

IN CASE OF EMERGENCY

First Person to Contact: _____ Phone: _____

Second Person to Contact: _____ Phone: _____

Physician to Contact: _____ Phone: _____

Allergies: _____ Medical Conditions: _____

Medications: _____

Signature of Participant

Date

Time

Print and Sign Name of Parent/Guardian (if under 18 years)

Date



**Board of Water Supply
City and County of Honolulu
Release and Waiver Form**

THE BOARD OF WATER SUPPLY, City and County of Honolulu (the “Grantor”), is the owner of that certain parcel of real property situated at _____, O’ahu, Hawai’i bearing Tax Map Key Number(s) _____ (the “BWS Property”). The Grantor hereby consents to the entry of the undersigned (hereinafter called the “Grantee”) onto the BWS Property subject to the following conditions:

1. The Grantee seeks entry onto for the Property solely for the purpose of _____ on _____ (the “Project”).
2. The Grantee understands and admits that Grantee’s participation in the Project and entry upon the BWS Property is strictly voluntary, and that Grantee will not receive any compensation for said participation.
3. The Grantee affirms that the Grantee is in good health and that Grantee is physically capable of participating in the activities required by the Project.
4. The Grantee shall exercise due care and diligence to prevent injury to the Grantee and/or any other person and to prevent damages to or destruction of property belonging to the Grantor and/or any other person.
5. The Grantor does not extend any assurances that the BWS Property is safe for purposes of the Project. The Grantee, on behalf of himself/herself and any person under the Grantee’s control, assumes any and all risks relating in any way to their participation in the Project and/or entry upon the BWS Property.
6. Grantee hereby forever releases and discharges the Grantor and any of Grantor’s former, present and future board members, officers, employees, contractors and/or agents (collectively, the “BWS Released Parties”) from any and all current and future claims, actions, causes of action, claims for relief, charges, expenses, liabilities, obligations, demands, reimbursements, costs, attorneys’ fees, debts, rights, injuries, losses, loss of services, loss of profits, exemplary damages, punitive damages and any other causes of action or claims of whatever name or nature, whether at law or in equity, known or unknown, suspected or unsuspected, in any manner currently or in the future, arising directly or indirectly or connected with or in any manner involving, concerning or relating in any way to Grantee’s participation in the Project and/or entry upon the BWS Property, even if caused in whole or part by the BWS Released Parties
7. Grantee agrees to indemnify, defend and hold harmless the BWS Released Parties from and against any and all liability, losses, judgment and future costs and expenses (including interest, court costs and attorneys’ fees) resulting from any and all claims, demands or causes of action of every nature and kind whatsoever, based upon, connected with, or arising out of Grantee’s actions in

connection with the Project and/or Grantee's entry upon the BWS Property, regardless of whether it is caused in whole or in part by the negligence of the BWS Released Parties.

8. Grantee expressly agrees that the foregoing Release and Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Hawaii, and that if any provision is held as invalid, it is agreed that the remaining provisions shall, notwithstanding, continue in full force and effect. I understand and intend that this Release and Waiver shall remain effective from the date of execution.
9. In connection with Grantee's participation in this Project and/or entry upon BWS Property, Grantee may gain access to confidential information that may not otherwise be available to Grantee. Grantee may also have access to discussions with BWS employees and other individuals that involve confidential information, including attorney-client privilege. Grantee therefore agrees that any confidential information that Grantee receives or has access to during the Project shall only be used for the purpose of Grantee's participation in the Project. Grantee agrees that confidential information will not otherwise be disclosed to anyone or used for any other purpose.
10. Grantee agrees that Grantor shall have the right to use, publish, distribute, and copyright Grantee's image and name, or other portraits or likenesses of Grantee, in which Grantee may be included in whole or in part, in all forms and media including composite or modified representations for all purposes, including public relations, advertising, trade, or any commercial purpose. Grantee further waives the right to inspect or approve any and all versions of Grantee's image.
11. Grantor shall have the right to terminate Grantee's participation in this Project and entry upon BWS Property at any time, with or without prior notice, with or without cause or reason. Grantee's agreement to keep confidential all confidential information obtained through participation in this Project and/or entry upon BWS Property shall continue indefinitely, notwithstanding the termination of Grantee's participation in this Project and entry upon BWS Property.
12. If Grantee is under the age of eighteen (18) years of age, Grantee understands and agrees that Grantee must sign this Release and Waiver Form and also obtain the signature of Grantee's parent/guardian before participating in the Project and entering upon the BWS Property. In addition, if Grantee is under eighteen (18) years of age, Grantee's parent/guardian, by signing below, agrees to assume all conditions, duties and responsibilities placed upon the Grantee, as set forth in this Release and Waiver Form.
13. Grantee and Grantee's parent/guardian (if applicable) affirm that they have carefully read this Release and Waiver Form and fully understand the contents set forth herein and acknowledge that they have freely agreed to execute this Release and Waiver Form.

14. By signing below, the Grantee and Grantee's parent or guardian (if applicable) expressly agree to all terms and conditions set forth herein.

Print Name of Participant

Date

Signature of Participant

Print Name of Parent/Guardian (if under 18 years)

Date

Signature of Parent/Guardian (if under 18 years)

Address: _____

Phone number: _____

In case of Emergency, who should we contact?

Contact	Phone	Relationship

Physician: _____ Phone: _____