Waihe’e Limu Restoration. LLC

(Living Our Culture Foundation)

Wai’ehu, Maui, Hawai’i

Please fill out information as completely as possible. Information collected is part of our grant requirements. If you have any questions, please see one of the WLR staff members.

**School/Group/Organization** attending with:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participants Information:**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle initial: \_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_

(please print)

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday (mm/dd/yy): \_\_\_\_\_\_\_\_\_\_\_\_

Gender: male \_\_\_ female \_\_\_ Other\_\_\_ Hawaiian: yes \_\_\_\_ no \_\_\_\_ Other: \_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zipcode: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

\*if participant is under 18 years of age, form must be signed by parent/guardian

**Emergency Contact**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photography Release**

\_\_\_\_\_\_\_ (please initial) I authorize Waihe’e Limu Restoration LLC to photograph my participation of WLR and further authorize WLR to publish photographs taken for organizational needs and purposes, including, but not limited to printed, published online (including, but not limited to WLR website, Facebook and/or Instagram with #WLR) or created in video form.

**Assumption of Risk and Release**

\_\_\_\_\_\_\_ (please initial) I have received and agree to the Assumption of Risk and

**Waihe’e Limu Restoration LLC (WLR) Volunteer Service**  
I certify that I am in good physical health and am able to participate in the projects selected.

I also understand that because of the inherent dangers and risks involved in my participation with the organization selected, schedule between the period of \_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_that I should be covered during said period by a private medical and liability insurance policy; and I further understand that the Living Our Culture Foundation and WLR does not provide such insurance or otherwise indemnify individuals with respect to injuries out of participation in the volunteer projects.

I have read and understand any and all written materials setting forth the requirements for my participation in the above referenced activity, as well as those explained to me by my supervisor, 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 **Living Our Culture Foundation** and **WLR**.

**E mālama ka ‘aina, mālama ke kahawai, mālama ke kai, mālama ka poe.**

Take care of the land, Take care of the streams, Take care of the sea,

Take care of the people.

WAIHE’E LIMU RESTORATION LLC, 803 Ho’omau St., Wailuku, Hi, 96793

Em: [waiheelimurestoration@gmail.com](mailto:waiheelimurestoration@gmail.com), Tel: 1(808) 264-4135