Nā Kālai Wa'a **WAIVER OF LIABILITY, RELEASE AND ASSUMPTION OF RISK AGREEMENT** For use by all participants in Nā Kālai Wa'a Programs, Activities and/or Sites

I,	(hereina	after Participant/	Crew) desire to participate	on any /
all properties that are under the guar	dianship of	Nā Kālai Wa'a.		-
Participant / Crew realize that Nā Kā	ilai Waʻa wi	ill only permit he	/ she on properties under t	he
conditions that the above named indi	vidual, be i	t he / she underst	and and agree to all of the	terms of
this Waiver of Liability, Release and A			<u>e</u>	
Participant / Crew acknowledge and	-	U		and
guardianship of Nā Kālai Wa'a, there				
Coastal, Inter-island and Open-ocean		O		,
The fore mentioned participant/crew	, ,	rees to assume all	personal risks that may occ	cur as a
part of this visit, excursion, trip, cruis	, ,			
to this statement and accept these ter			-	O
Participant / Crew hereby waive all c	-			
resulting from injuries, personal or ot		•		
malfunction of gear and from any and		•		
Kālai Wa'a. The Captain of the vessel		• •		-
or anyone claiming by or through, for			<u> </u>	
of Participant / Crew being on prope	•	O	., 14110. 40 0. 0.11000 01 1110.110	
Participant / Crew hereby forever rel			ālai Wa'a, properties of Nā	Kālai
Wa'a and the Captain of the vessels fi				
or nature which result directly or ind	-			-
This assumption of risk and waiver a	-		9	
Nā Kālai Wa'a and the respective Cap		•		
vessel or partake in any activities on	_	•	=	atic
This agreement of risk and waiver an	-			nent of
Nā Kālai Wa'a and the respective Cap		•		
above; I understand that I will not be			-	
and all grounds under the guardiansl	-	•		e on any
This document of Waiver of Liability,	-		9	d law a
biding; shall be good for the whole of		-		
clearly given at the time of signing. I		-		
• •		-	s hereto have executed thes	se
presents as of the day and year writte	n as ionow	S.		
At:	thic	day of	20	
Physical Place of Where You Signed	, 11113	day of	, 20	
Thysical Flace of Where Tou Signed				
Signature of Participant / Crew:			Date:	
0				
Signature of Parent / Guardian:]	Date:	
.,				

Name of Participant				
Firs		Last		
(Participant Represented	as <mark>I/We/Me/My/Mys</mark>	elf in the doc	ument below)	
A J.J.,				
Address				
City	State		ZIP Code	
Email:		Phone	e:	
Date of Birth	Gender Nati	ive Hawaiian .	Ancestry (Y or N)	
This Release is effective for	or			
		e Calendar Ye	ear 2016 at any/all of our Sites:	
Hālau Kuki	ıi, Hōʻea Moku / Hō	'ea Moku Car	noe Garden, and Māhukona	
I herewith consent to hav	e my appearance rec	orded on vide	otape and/or audiotape, analog	/digital
			l, hereinafter, the "Producer", to	_
9			the "Owner", and its subsidiarie	
	•		vill retain all master negatives, au	
-			eof, which may be used for broad	
0 0 1		•	, internet or other cybermedia for	_
	_	=	e in any media for purposes of	iiiato,
	_		on and images for the Owner. Th	nia marz
			9	-
			ages. I understand and endorse t	
		-	he Owner's services and related	
2 0		_	nts, release and forever discharge	
			ny appearances in their producti	
		-	nel, and any persons affiliated di	=
•	±	-	o any claims arising out of my a	
overall appearance, or sta	tements made by me	on the record	ling. I understand that no portion	n of my
appearance shall be copyr	righted, used or licen	sed by others	for similar or conflicting purpos	ses. As
between us, the Owner sh	iall be the sole owner	of all rights o	of the program recording, and I,	(the
undersigned), give my as	surance that I am free	e to lawfully g	grant these rights set forth above	
Signatures of Participant(s) and Date(s)			
Print Name	Signature	 Date		
	- 8			
Print Guardian Name (if under the ag	e of 18 ONLY) Signature	Date		