

UNIVERSITY OF HAWAII AT MĀNOA – SCHOOL OF OCEAN AND EARTH SCIENCE AND TECHNOLOGY
HAWAII INSTITUTE OF MARINE BIOLOGY
HIMB at Moku O Lo'e (Coconut Island), Kāne'ōhe Bay

WAIVER/RELEASE FORM

(PLEASE READ), then complete the **FRONT** side of this form for individual visitors,
or complete the **BACK** side for multiple visitors.)

*Visitors under 18 years of age: You are required to have your parent/guardian sign
as confirmation to the authorization and acceptance of this waiver/release.*

I/we, the undersigned in full recognition and appreciation of the dangers and hazards inherent in marine-related field activities, which may include acquisition of marine research data in an island environment utilizing small boats and, during transportation to and from the Hawai'i Institute of Marine Biology (HIMB) on Moku O Lo'e (Coconut Island), to which I/we may be exposed during my/our participation in field activities and site visitations during my/our duration of stay, _____, and, I/we do hereby agree to assume all the risks and responsibilities surrounding my/our participation therein or any independent research activities undertaken as an adjunct thereto. Furthermore, adults in group visitations shall be responsible for the safety of the minors in the group.

I/we shall for myself/ourselves, my/our heirs, executors, and administrators hereby indemnify, defend and hold harmless the University of Hawai'i and the State of Hawai'i, and their officers, employees, agents, or any person acting on their behalf from and against: (1) any claim or demand for loss, liability or damage, including, but not limited to, claims for property damage, personal injury or death, by whomsoever brought, arising from any accident or incident connected with the performance of this agreement; (2) all claims, suits and damages by whomsoever brought or made by reason of the non-observance or non-performance of any of the terms covenants and conditions herein or the rules, regulations, ordinances and laws of the federal, state, municipal or county governments. Furthermore, I/we shall reimburse the University of Hawai'i and the State of Hawai'i, and their officers, employees, agents, or any person acting on their behalf for all attorney's fees, costs, and expenses incurred in connection with the defense of any such claims.

IN WITNESS WHEREOF, I have caused this release to be executed this _____
day of _____, 20____.

Visitor's Name (*Print*)

Sponsor

Visitor's Signature

Date

Parent/Guardian's Signature (*If applicable,
Required if visitor is under 18 years old*)

HIMB Acknowledgement:

~~Jane H. Ball, Assistant Director~~

Group Leader: _____ **HIMB Sponsor:** _____

By signing below you agree to the statements made on the previous page.

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[illegible]



Hawai'i Institute of Marine Biology
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Telephone: (808) 236-7401 · Facsimile: (808) 236-7443

MODEL RELEASE FORM FOR PUBLICATION AND VIDEO PURPOSES

KNOW ALL PERSONS BY THESE PRESENTS:

That I, _____ for myself and for my respective heirs, executors, administrators and assigns, do hereby give full right and permission to use my likeness, photograph(s), voice and/or name, and to grant permission to others to use my likeness, photograph(s), voice and/or name, and do hereby release, acquit and forever discharge the University of Hawaii, its successors and assigns, and anyone receiving permission from as aforesaid, from any and all claims, actions, causes of action and liabilities, of whatsoever kind or nature, arising out of any use of my likeness, photograph(s), voice, or name, for advertising, publicity, trade or any other lawful purpose, in any medium now known or hereafter to be developed.

I hereby waive any right I may have to inspect and approve the finished product or such written or spoken copy that may be used in connection therewith, or the use to which it may be applied.

Name (printed or typed) _____

Address _____

Signature _____ Date _____

Email _____ Telephone No. _____

Witness Name (printed or typed) _____

Signature _____ Date _____

If subject is under eighteen years of age, the parent or legal guardian of the subject should sign below.

I am the parent or legal guardian of _____ and do hereby consent and grant my permission to all of the foregoing.

Signature _____ Date _____

Telephone No. _____