Pu'u Kahea Conference Center
Release Form

Please read carefully before signing this form.

Participant's Name: _____ Age: _____ Birth Date: _____/_____/____

EVENT DESCRIPTION ("Event"):
I am/My child is a willing participant in an event sponsored by _____("Group") being held at Pu'u Kahea Conference Center ("PKCC"). I understand that the Group has planned the Event and is responsible for the content and activities selected for the Event and that PKCC is only providing accommodations and facilities for the Event.

ASSUMPTION OF RISK: I hereby expressly and specifically assume all risks of injury, loss, or damage, which I or my child might sustain while participating in the Event and related Activities.

INDEMNIFICATION AND RELEASE OF LIABILITY: I do further hereby release and discharge from liability and agree to defend, indemnify, and forever hold harmless Hawaii Pacific Baptist Convention (HPBC) and Pu'u Kahea Conference Center (PKCC) , and the volunteers and employees, from any and all causes of action arising from or relating to my/my child's participation in the Event. I understand that I am/my child is solely responsible for my/ his or her personal effects and property and I will hold the Hawaii Pacific Baptist Convention, Pu'u Kahea Conference Center, volunteers, and employees harmless in the event of theft or loss resulting from any source or cause.

ADULT VERIFICATION:
I verify that I am at least 18 years of age when signing this document and, therefore, an adult.
____ YES ____NO (If "No," executed Minor Participant – Parental Authorization (below) is required.)
By signing in my own handwriting or typing my name below using electronic means, I agreed to its terms, and have effectively signed the release.

Signature: _____ Date: _____

MINOR PARTICIPANT – PARENTAL AUTHORIZATION:
As parents or legal guardians of the individual named above, we give our permission for the minor listed to participate in the Event and agree to the assumption of risks, Indemnification and Release of Liability. We accept responsibility for all medical, health and/or liability expenses which may arise from the minor's involvement in the Event. We authorize Pu'u Kahea Conference Center's designated representative(s) to serve as our attorney-in-fact and vest each of them with authority to authorize any necessary medical treatment for our minor child.

By the date of the Event, the minor will be _____ years old
I am a parent or legal guardian of the minor, and I am authorized to sign this form on behalf of any other parent or legal guardian of the minor. By signing in my own handwriting or typing my name below using electronic means, I agreed to its terms, and have effectively signed the release.

Signature of Parent/Legal Guardian: _____ Date:_____