



Waihe'e Limu Restoration Registration & Waiver Form for Adults



Event: _____ **Date** _____

Please print the following information:

Participant's first, middle initial, last name _____ M F
Date of birth (m/d/y). Gender. _____ Zip code

Identify our ethnicity by checking all that apply:

- | | | | |
|---|---|---|-----------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Hawaiian |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Native American Indian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Other |

EMERGENCY CONTACT

_____ Name of emergency contact	_____ Relationship to participant
_____ Cell Phone	_____ Home/Work phone

MEDICAL INFORMATION

_____ Hospital/ Clinic preference	
_____ Physician's name	_____ Phone number
_____ Insurance company	_____ Policy number
_____ Allergies/Special health considerations	
_____ Medication(s) taken regularly	

➔ I do ___/do not ___ (initial one) give permission for Waihe'e Limu Restoration to use photographs, video, audio taken of me during this activity for its's non-profit program on WLR website, social media and other forms for the purpose to support WLR programs.

AUTHORIZATION

I understand and acknowledge that participating in this event involves inherent risks of injury to myself. I release the landowners(s), and Waihe'e Limu Restoration, its staff, and Board of Directors from liability in case of an accident during activities, as long as normal safety procedures have been followed. I authorize all medical and surgical treatment as may be performed or prescribed by the attending physician and/or paramedics and/or register nurse. My signature below indicates that I have read, understood and freely signed this form.

PRINT Participant's name _____ **SIGNATURE** of Participants' name _____ **DAT**