

Makahiki Nui
December 7-10, 2006
Application Form
(One application per participant)

Personal Information			
Name of Participant			
Organization Affiliation (if any)			
Address			
Phone			
Mobile or cellular phone			
E-mail address			
Age (Please Circle)	21 to 30	31 to 40	40+
Participation Information			
Will you be Camping?	YES	NO	
Number of people ('ohana) camping with you			
Emergency Contact Information			
In case of emergency, contact			
Emergency contact's address			
Emergency contact's phone			
Doctor's name			
Doctor's phone			
Medical insurance carrier and member number			

Please read the following statement carefully and confirm your understanding and agreement by signing below:

To the fullest extent allowed by law, I agree to **WAIVE, DISCHARGE CLAIMS, AND RELEASE FROM LIABILITY** Makahiki Nui, Office of Hawaiian Affairs (OHA), Papa Ola Lokahi, Kāko`o `Ōiwi & Native Nations Education Foundation (NNEF), its officers, directors, employees, agents, volunteers and leaders from **any and all liability** on account of, or in any way resulting from Injuries and Damages resulting from or arising out of events sponsored or associated with these organizations, even if caused by another person's negligence. I further agree to **HOLD HARMLESS** Makahiki Nui, Office of Hawaiian Affairs (OHA), Papa Ola Lokahi, Kāko`o `Ōiwi & Native Nations Education Foundation (NNEF), its officers, directors, employees, agents, volunteers and leaders from any claims, damages, injuries or losses caused by my own negligence while a participant in any and all current and future activities. I understand and intend that this assumption of risk and release is binding upon my heirs, executors, administrators and assigns, and includes any minors accompanying me. I further give permission for my photo, likeness, and/or name and/or my child's (children's) photo, likeness and/or name be used by organizers for promotional and/or reporting purposes.

I have read this statement in its entirety and I freely and voluntarily assume all risks of such Injuries and Damages and notwithstanding such risks, I agree to participate.

PARTICIPATION IS LIMITED AND THEREFORE WE RESERVE THE RIGHT TO DENY PARTICIPATION AND/OR CAMPING PRIVILEGES. YOU WILL BE NOTIFIED WHEN YOUR COMPLETED APPLICATION IS ACCEPTED.

Signature

Print Name

Date