eliminating racism
empowering women
ywca
O'ahu

YWCA Laniākea
1040 Richards Street
Honolulu, HI 96813
(808) 538-7061

YWCA Fernhurst
1566 Wilder Avenue
Honolulu, HI 96822
(808) 941-2231

YWCA Kokokahi
45-035 Kāne'ohe Bay Drive
Kāne'ohe, HI 96744
(808) 247-2124

MEDIA RELEASE WAIVER

I, _____, ("Participant") hereby grant to YWCA O'ahu the right to film, photograph, and record my voice and likeness for use in audio, video, film, and/or other print and digital media (herein referred to as photographic and electronic reproductions) that YWCA O'ahu may edit, enhance, crop, alter, modify, copy, amend and/or otherwise my photographic and electronic reproductions at their discretion. I understand that my photographic and electronic reproductions, in whatever medium, shall remain the property of YWCA O'ahu.

I further grant YWCA O'ahu the right to publish my photographic and electronic reproductions on mediums including, but not limited to, the Internet, e-mail, flyers, and advertisements.

I waive the right to any compensation, including but not limited to any royalties, arising from the use of the video and photos.

I hereby release YWCA O'ahu and those acting in pursuant to its authority from liability, claims, and demands for any violation of any personal or proprietary right I may have in connection with such use, including any and all claims for libel, defamation, or invasion of privacy.

Please **INITIAL ONE** of the statements below that is applicable to your present situation:

_____ I certify that I am **18 years of age.**

_____ I am signing on behalf of Participant as their parent or legal guardian.

I HAVE CAREFULLY READ THIS WAIVER AND UNDERSTAND THE TERMS OF THIS AGREEMENT.

SIGNATURE OF PARTCIPANT: _____ DATE: _____
(OR PARENT/LEGAL GUARDIAN IF PARTICIPANT IS UNDER 18)

_____

First Name: _____ Last Name: _____

Address: _____

Phone: _____

Email: _____

HEALTH INFORMATION & LIABILITY WAIVER

All participants are required to keep contact information current.

_____

Significant medical history/conditions we should be aware of (heart condition, epilepsy etc.)

_____

Allergies (medicine, insect bites, food, etc.)

In consideration of YWCA O'ahu accepting my (or the participant's) application for voluntary participation in YWCA programs activities, and/or related events, I, the undersigned participant (or legal guardian of a minor participant), hereby waive all claims and/or causes of action, including negligence against YWCA O'ahu and its officers, directors, employees, agents and representatives, arising out of my participation in the YWCA programs, activities, and/or related events. I, intending to be legally bound for myself, my successors, heirs, legal representatives, executors, administrators, and assigns, do hereby release, hold harmless, and discharge YWCA O'ahu and its officers, directors, employees, agents and representatives, from any and all liability, including negligence, in connection with my participation in YWCA programs, activities, and/or related events.

I understand and acknowledge that participation in YWCA programs, activities, and related events could result in loss of, or damage to, my or another person's property, serious injury to my or another person's body, including mental or emotional injury or trauma, and/or death. Knowing, understanding and fully appreciating all of these consequences, I hereby voluntarily and willingly assume all risks and damages associated with my participation.

I have read this waiver and understand the terms in it, and its legal significance. This waiver and release is freely and voluntarily given with the understanding that the right to legal resources against YWCA O'ahu is knowingly given up in return for allowing my participation in YWCA programs activities and/or related events. My signature on this document is intended not only to bind myself, but my successors, heirs, legal representatives, executors, administrators, and assigns, as well.

I consent to receive medical treatment, which may be advisable in the event of illness, or injuries suffered by me during YWCA programs, activities, and/or related events.

If participant is under 18 years old: Should parent(s) or authorized person(s) not be available, I authorize YWCA O'ahu to arrange for emergency transport and medical attention to the nearest hospital.

I HAVE CAREFULLY READ THIS WAIVER AND UNDERSTAND THE TERMS OF THIS AGREEMENT.

SIGNATURE OF PARTCIPANT: _____ DATE: _____
(OR PARENT/LEGAL GUARDIAN IF PARTICIPANT IS UNDER 18)