HELE MUA INC - VOLUNTEER WAIVER & RELEASE FORM FOR BEACH, COASTAL, PARK, AND AREA CLEANUPS

SECTION 1 — PARTICIPANT INFORMATION

Participant's Name (Print): _____

School/Organization: _____

Date of Event: _____

Is the participant under 18?

- ☐ Yes
- ☐ No

If the participant is 18 or older, complete Section 1 & 2 only.
If the participant is under 18, complete Sections 1, 3 and 4.

SECTION 2 — ADULT PARTICIPANT WAIVER (18 OR OLDER)

Acknowledgement of Risks:

I acknowledge that participation in a cleanup event hosted by Hele Mua Inc involves potential risks, including but not limited to:

- Contact with sharp, hazardous, or contaminated objects.
- Exposure to insects, wildlife, and allergens.
- Risks related to ocean conditions, waves, tides, and ocean-related injuries.
- Sunburn, dehydration, heat exhaustion, and other weather-related risks.
- The possibility of minor or serious injuries

Express Assumption of Risks and Responsibility:

I assume full responsibility for any risks associated with my participation in this cleanup event. My participation is voluntary, and I accept full responsibility for myself for any bodily injuries, accidents, illnesses, paralysis, death, loss of personal property, and expenses resulting from participation.

Loss of Volunteer Personal Property:

I understand that Hele Mua Inc, its partners, event sponsors, volunteers, the City & County of Honolulu, the State of Hawaii, and all affiliated organizations are not responsible for the loss, theft, or damage of personal property during the event.

Safety Expectations:

I agree to:

- Wear hats, gloves, and sturdy shoes for safety.
- Not wear sandals or go barefoot during the cleanup.
- Follow instructions from event organizers, staff, and volunteers.
- Use provided tools when handling trash.
- Avoid touching sharp, hazardous, or unidentified objects.
- Stay with the group and be mindful of surroundings.

Release of Liability:
I hereby release Hele Mua Inc, other partners, the City and County of Honolulu, and the State of Hawaii FROM ANY AND ALL LIABILITY OF ANY NATURE FOR ANY AND ALL INJURY OR DAMAGE, as a result of my participation in the cleanup or restoration project.

Medical Authorization:
I hereby authorize Hele Mua staff to obtain emergency medical treatment for me. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

Photos and Video Release:
I grant Hele Mua Inc and partners and their legal representatives the absolute right and permission to copyright, use, and publish images and/or video in which I may be included in whole or in part, or composite or distorted in character form, for use in published materials, illustration, promotion, art, advertising, trade, web sites and any other purpose in order to promote Hele Mua Inc or partners programs without compensation. I hereby waive any right that I may have to inspect or approve the finished product.

Agreement & Signature:

- ☐ I have read and agree to this waiver. I understand that by signing the acknowledgment document below, I am waiving valuable legal rights, including any and all rights I may have against Hele Mua Inc, other partners, vendors, the City and County of Honolulu, and the State of Hawaii, or their employees and agents.

Adult Participant Signature: _____

Date: _____

SECTION 3 — MINOR PARTICIPANT ACKNOWLEDGMENT (UNDER 18)
To be signed by the student participant.

Acknowledgment of Risks & Safety Expectations

- ☐ I understand that I will be participating in an outdoor cleanup event that may involve physical activity, environmental exposure, and the use of tools. I understand there may be risks such as uneven ground, sharp debris, ocean conditions, and weather exposure. I agree to follow all safety instructions, use tools only as directed, stay with my group, and behave respectfully during the event.

Minor Participant Signature: _____

Date: _____

SECTION 4 — PARENT / LEGAL GUARDIAN CONSENT & RELEASE (REQUIRED FOR MINORS)
I am the parent or legal guardian of the above-named minor participant.

Acknowledgement of Risks:
I acknowledge that participation in a cleanup event hosted by Hele Mua Inc involves potential risks, including but not limited to:

- Contact with sharp, hazardous, or contaminated objects.
- Exposure to insects, wildlife, and allergens.
- Risks related to ocean conditions, waves, tides, and ocean-related injuries.
- Sunburn, dehydration, heat exhaustion, and other weather-related risks.
- The possibility of minor or serious injuries

Express Assumption of Risks and Responsibility:
I voluntarily permit my child to participate and assume full responsibility for all risks associated with their participation, including bodily injury, illness, loss of personal property, disability, or death.

Loss of Volunteer Personal Property:
I understand that Hele Mua Inc, its partners, event sponsors, volunteers, the City & County of Honolulu, the State of Hawaii, and all affiliated organizations are not responsible for the loss, theft, or damage of personal property during the event.

Safety Expectations:
I understand that my child is expected to follow all safety instructions and event guidelines.

Release of Liability:
I, hereby release Hele Mua Inc, other partners, the City and County of Honolulu, and the State of Hawaii FROM ANY AND ALL LIABILITY OF ANY NATURE FOR ANY AND ALL INJURY OR DAMAGE, as a result of my participation in the cleanup or restoration project.

Medical Authorization:
I hereby give permission to Hele Mua staff to secure proper treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

Photos and Video Release:
I grant Hele Mua Inc and partners and their legal representatives the absolute right and permission to copyright, use, and publish images and/or video in which I may be included in whole or in part, or composite or distorted in character form, for use in published materials, illustration, promotion, art, advertising, trade, web sites and any other purpose in order to promote Hele Mua Inc or partners programs without compensation. I hereby waive any right that I may have to inspect or approve the finished product.

Agreement & Signature:

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Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Emergency Contact Number: _____

Date: _____