



UNIVERSITY of HAWAII®

KAUAI
COMMUNITY COLLEGE

ASSUMPTION OF RISK AND RELEASE

(Laboratory, Apprenticeship, Practicums, Clinical, Intramural Athletics, etc.)

Name of Course/Activity: _____

Semester/Year: _____

I have read and fully understand the written safety procedures and precautions that are part of the requirements for my participation in the above referenced course/activity, as well as those explained to me by my instructor(s), and I agree to strictly observe them; and I do for myself, my heirs, executors, and administrators hereby accept full responsibility for and indemnify, release, and discharge the University of Hawaii, its officers, agents, and employees from any and all claims or actions for property damage and/or personal injury which may result from my failure to abide by these safety procedures and precautions, or from any inherent risks in the course/activity.

IN WITNESS WHEREOF, I have caused this release to be executed this ____ day of _____, 20____.

Student's Name (Print)

Signature

Parent/Guardian's Name (Print)

Cosignature of parent or guardian (required if student is under 18 years of age)