



# Kamehameha Schools

## Athletic Participation Agreement and Release

Student Last Name	First Name	MI	Birth Date	Grade	Student ID
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I/We hereby give my/our consent for the above named student to engage in KS approved athletic activities ("sports") as a student-athlete of KS, including traveling with the team on its off-campus sports events.

I/We understand that Kamehameha Schools will determine, in its sole discretion, transportation to and from off-campus sports events by KS school bus or school owned vehicle(s), and that circumstances may require, from time to time transportation in a non-KS vehicle by KS faculty and staff, including approved volunteers; I/We hereby consent to such primary and alternate transportation arrangements.

I/We agree that KS Medical Staff and Athletic Trainers may provide emergency treatment to the above named student whenever necessary until other medical arrangements can be made, and that KS staff and volunteers may render emergency care. In addition, I/We further consent and authorize the school's certified athletic trainer to provide appropriate therapeutic modalities in order to return student to athletic competition, such care to be conducted under the direction of a licensed physician.

I/We also understand that there are inherent risks of personal injury and/or property damage in the student's participation in such sport(s). With full knowledge of such risks, whether foreseen, on behalf of myself, my heirs, my personal representatives, my assigns, and the minor child I/We agree to:

- 1) Assume any and all risks of injury, loss or damage which may arise out of such participation, including but not limited to:
  - a) The rendering of any medical treatment arising therefrom, or providing appropriate therapeutic modalities in order to return student to athletic competition; and
  - b) The primary or alternate transportation described above (collectively) also, "participation";
- 2) Waive and release any and all claims against the Kamehameha Schools (KS) and its trustees, employees, agents and representatives, both in their professional and personal capacities (collectively also "KS"), for any and all injuries, losses or damages connected with or arising out of such participation;
- 3) Indemnify and hold Kamehameha (KS) forever harmless from and against any and all claims which may arise out of such participation; and
- 4) Waive and release the State of Hawai'i, Hawai'i Association of Independent Schools (HAIS), KS, and their trustees, employees, agents and representatives arising from any injury or loss associated with the alternate transportation arrangements as described above.

**I/WE HAVE READ AND UNDERSTAND THE CONTENTS OF THIS STATEMENT; UNDERSTAND THE NATURE OF THIS AGREEMENT AS CONTRACTUAL, NOT A MERE RECITAL; CONFIRM THAT I/WE WERE GIVEN AN OPPORTUNITY TO ASK QUESTIONS ABOUT THIS AGREEMENT AND RELEASE; AND THAT I/WE ARE SIGNING THIS AGREEMENT AND RELEASE AS MY/OUR FREE ACT. I UNDERSTAND THAT MY/OUR COMPLETING THIS FORM IN HARDCOPY RATHER THAN THE RECOMMENDED ELECTRONIC VERSION COULD RESULT IN A DELAY IN PROCESSING THIS FORM IF NEEDED FOR OFF-CAMPUS MEDICAL CARE FOR MY/OUR CHILD.**

I/We understand that Kamehameha Schools has allowed the above student to participate in the identified sport(s) in reliance upon my/our review and execution of this statement.

\_\_\_\_\_  
Signature of Father/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother/Legal Guardian

\_\_\_\_\_  
Date

Note: This form shall be **VALID FOR THE 2017-2018 SCHOOL YEAR**, subject to written modification or revocation by any party hereto should there exist evidence of physical deterioration or impairment during the calendar year. The student will not be allowed to practice and/or compete in the approved sport(s) until this form has first been completed and executed by the student's parent(s) or legal guardian(s), and returned to the Kamehameha Schools Athletic Department.

**(Signature of both parents and date is required)**