



THE INSTITUTE FOR HUMAN SERVICES

546 KA'AAHI STREET ♦ HONOLULU ♦ HI ♦ 96817

EMAIL: VOLUNTEER@IHS-HAWAII.ORG
TEL: 808.447.2800
FAX: 808.845.7190
WEBSITE: WWW.IHSHAWAII.ORG

HOLD HARMLESS STATEMENT

GROUP NAME: _____

I hereby waive, release and forever discharge IHS, its employees, staff and volunteers, from any and all liability for any bodily injuries or property damage that I may sustain as a result of, or during, my participation in any IHS events/volunteer activity, including any bodily injuries or property damage that I believe I may have sustained as a result of the negligence, in whole or in part, of IHS.

I further agree to indemnify IHS, its employees, staff and volunteers from any and all claims of any nature whatsoever, including, but not limited to, bodily injury and property damage, by any third party or third parties, which they claim are caused, in whole or in part, as a result of any act(s) or conduct, whether unintentional, negligent, or intentional, which may occur immediately prior to, during, or immediately following any IHS events. In addition, I agree that I cannot hold the event location owners liable for any damages.

IHS and I agree that we shall refer any controversy or claim arising out of or in relation to any bodily injuries or property damage that I may sustain as a result of, or during, my participation in any IHS events or volunteer activity to final and binding arbitration by a single arbitrator according to the rules and procedures of Dispute Prevention and Resolution of Hawaii. Unless otherwise determined by the arbitrator, and to the extent permitted by applicable law, the parties shall bear the cost of any arbitration equally and they each shall bear their own attorneys fees, costs and expenses that they incur.

By executing this waiver, release, agreement to indemnify and hold harmless, I acknowledge that I understand and agree to accept each of the statements, waivers, releases and agreements contained in this document and by my affixing my signature hereto affirm that I will abide by these policies.

Lastly, I agree to respect the privacy and confidentiality of IHS guests and will not photograph or videotape them. I also give IHS my consent to take my photograph and/or video footage while I am on property for this project.

I am of legal age and do hereby understand and agree to the statements and terms above

Printed Name: circle one (Ms., Mrs., Mr.) _____

Signature: _____ Date: _____

Address: _____
(Street & Apt. #) (City) (Zip)

Email: _____

I am the parent or legal guardian and do agree to the statements and terms listed above

Printed Name: circle one (Ms., Mrs., Mr.) _____

Signature: _____ Date: _____

* Your personal/job medical coverage may cover you in case of accident requiring medical attention.