

HUI O LAKA~KOKE'E NATURAL HISTORY MUSEUM

THE VISITOR-ACTIVITY CENTER
FOR WAIMEA CANYON & KOKE'E STATE PARK SINCE 1953

Guest Registration for Overnight Accommodations at the CCC Camp in Koke'e State Park

-> For office use only: • Date application received _____ • Approved by _____ on _____ • Guest notified on _____

Each person in your party must read, complete and sign both the application and the release form (see reverse). You may photocopy this form if necessary. Your participation with Koke'e Natural History Museum is contingent upon the timely receipt of these forms.

Name _____ Phone (____) _____ Home
Mailing Address _____ (____) _____ Cell
_____ Email

Employer & Address _____ Position _____

If you are not employed, are you a student? _____ at _____

Areas of Study _____

For off island volunteers only _____

Lihue, Kaua'i Arrival & Departure information

Arrival Date _____ Arrive on Airline/Flight # _____

Departure Date _____ Departure on Airline/Flight # _____

Or _____ I have no firm departure date.

CCC Camp arrival & departure information

Arrival Date _____ Preferred departure date _____

Person(s) to notify in case of an emergency:

Name _____ Phone (____) _____ Relation _____

Name _____ Phone (____) _____ Relation _____

Name _____ Phone (____) _____ Relation _____

Koke'e State Park is no place to get sick; The CCC Camp is 15 miles from the closest community, and the volunteer work can be physically demanding. Describe your outdoor experience and regular physical activity. Provide an accurate assessment of your health, physical condition, or limitations. Please indicate if you are recovering from any recent injury, illness, or surgery. Attach another sheet if necessary:

List medications you take, as well as allergies or health problems you have:

Your Physician _____ Phone (____) _____

Medical insurance company _____ Policy # _____

P.O. Box 100, Kekaha, HI 96752

(808) 335 9975 Fax (808) 335 6131

Website: kokee.org

Email: info@kokee.org

Release, Indemnity and Assumption of Risk Form for Hui o Laka Volunteers

I understand that during my volunteer work with Hui o Laka, certain risks and dangers may arise, including but not limited to: hazards of traveling in remote areas, traveling by automobile, truck, or other means of conveyance, using herbicides and weeding tools, the forces of nature, accident and/or illness in remote locations without immediate or medical facilities.

In consideration of the right to participate in such volunteer activities, I have and do hereby assume all the above risks and agree to indemnify defend and hold Hui o Laka and the State of Hawai'i, and their agents and associates, harmless from any and all liability, actions, causes of action, expenses, claims, debts, attorney's fees and demands of every kind and nature whatsoever by whomever brought or made, which Hui o Laka or the State of Hawai'i or any of them may hereafter, incur or pay, in whole or part, by reason of or which may arise in connection with my participation in activities arranged for me by Hui o Laka and/or its agents, and associates, absent the proven gross negligence or willful misconduct of Hui O Laka and/or its agents, as finally determined by nonappealable judgment of a court of competent jurisdiction. Unless so established, Hui o Laka shall be entitled to the full benefits of this indemnification, including the right to reimbursement for all costs and expenses, including attorney's fees, incurred in the defense of any claims or demands asserted by any party against them. The terms hereof shall serve as release, agreement to indemnify, and assumption of risks for my heirs, administrators, and executors and for all members of my family including any minor(s) accompanying me.

I understand that Hui o Laka reserves the right to accept, retain, or decline any volunteer at any time for any reason. Hui o Laka leaders have the right to disqualify me from any activity, including overnight accommodations, if in his or her judgement I am incapable of that activity and /or if my continued participation in the activity will endanger me and/or the safety of the group. I acknowledge that it is my obligation to inform the leader, in advance of any activity, of any medical or physical disability or limitation that might disable me or render me unable to perform or safely complete the activity, and I also acknowledge that I am the best judge of my own condition and limitation and that it is incumbent on me to fully disclose the extent of any such conditions or limitations.

Photo Release

I release the rights to Hui o Laka to use for their promotional and educational material any photographs of me while participating as a volunteer.

Volunteer Responsibility

As a Volunteer you have a responsibility to Hui o Laka and to other volunteers include:

- Being in sufficient good health to undertake the trip and volunteer experience.
- Preparing for your trip by reading ALL information sent to you and bringing with you the appropriate clothing and equipment.
- Acting in an appropriate, respectful manner in accordance with local customs and laws.

Signed by: _____ on (date) _____

Please print out and send completed form to Hui o Laka, PO Box 100, Kekaha, HI 96752 or Fax to (808) 335-6131.