



— KŌKUA HAWAI'I FOUNDATION —  
**Community Volunteer  
 Media Release & Liability Waiver**

Thank you for participating as a volunteer in Kōkua Hawai'i Foundation Programs and Community Events. We are a non-profit organization supporting environmental education in Hawai'i's schools and communities. **Please review and sign both sections of this form and return it to Kōkua Hawai'i Foundation.**

**Event Description:** \_\_\_\_\_ **Date(s) of Event:** \_\_\_\_\_

Name of Volunteer: (please print)	Birthdate:
Volunteer's (or Parent/Guardian's) Email Address:	Zip Code:
Emergency Contact Name/Relationship:	Emergency Contact Number:

**PHOTO/VIDEO RELEASE FOR INDIVIDUALS PARTICIPATING IN  
 KŌKUA HAWAI'I FOUNDATION COMMUNITY EVENTS**

As part of documenting our program activities, we will be collecting photos and video of these activities and request your permission to use these in our outreach materials.

*Check YES or NO below.*

- YES**, by signing this form, I grant permission to Kōkua Hawai'i Foundation (Foundation) to use photographs or videos of me or my minor child named above ("Volunteer") in educational and outreach media published or authorized by the Foundation for the life of the photo/video. I understand the term *media* can include the Foundation's and partner organization websites, social media, publications, newsletters, videos, presentations, marketing materials, newspaper and magazine articles, and television and film clips.
- NO**, I do not grant permission to Kōkua Hawai'i Foundation to use photos or videos of me or my minor child named above ("Volunteer").

Signature of Volunteer:	Date:
Signature of Parent/Legal Guardian: (If Volunteer is a minor under the age of 18)	Date:
Parent/Legal Guardian's Printed Name: (If Volunteer is a minor under the age of 18)	Relationship:

**LIABILITY WAIVER FOR INDIVIDUALS PARTICIPATING IN  
 KŌKUA HAWAI'I FOUNDATION COMMUNITY EVENTS**

In consideration of my participation in Kōkua Hawai'i Foundation's (Foundation) Community Events, I hereby release and waive, and further agree to indemnify, hold harmless and reimburse the Foundation, its employees and representatives, from and against any damage or injury to myself/my child named above ("Volunteer") relating to or arising out of Foundation activities.

Signature of Volunteer:	Date:
Signature of Parent/Legal Guardian: (If Volunteer is a minor under the age of 18)	Date:
Parent/Legal Guardian's Name: (If Volunteer is a minor under the age of 18)	Relationship: