2019 CAMP NMA-ZING HAWAII WAIVER FORM

Youth Information: FIRST, I	LAST, MIDDLE INITIAL	SEX	AGE	BIRTH DATE	T-SHIRT SIZE
1					
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T		NOTE: AVAILABLE T-SHIR	T Sizes —Youti	+ XS, S, M, L; ADULT S	M, L, XL, XXL, XXXL
Registered & Fees Paid					
☐ \$690/chil	d for Honolulu 2019 Camp NMA- d	□ \$84	0/child		wing adults)
	·				
FATHER/GUARDIAN	CELL PHONE	MOTHER/GUARDIAN		(CELL PHONE
FATHER EMAIL	MOTHER EMAIL		HOTEL NAME		HOTEL ROOM #
EMERGENCY CONTACT	CELL PHONE	ADDITIONAL AUTHORIZED PICK-UP		(-UP	CELL PHONE
Medical Conditions					
necessary). The organization provprogram.	ving medical conditions/allergies and, riding child care will contact you if ned	cessary. Please note tha	t youth who h	ave fever will not b	
the National Medical Association's Conve administrators and assignees, hereby releparticipation in the youth program, excefurthermore, I/we agree to indemnify and any kind or nature whatsoever, that may hunder any federal and/or state laws again NMA Convention. These activities may incl Kama'aina Kids to use my child's name and may only be used by Kama'aina Kids or participants are expected to respect them expectations, the parent(s)/guardian(s) will employees to exercise these discipline politive have read the above and understand	s), inconsideration of the contracted youth proportion ("the Association") in Honolulu, HI from case and discharge demands, actions, causes of the forgross negligence or willful misconduct to hold Kama'aina Kids & the Association harm nereafter be made or brought by my/our child(rest all such claims. I/We give my child(ren)/ward ude, but are not limited to aquatics, off-propered video or photograph at any time and in any massociation. No further claims will be made be selves, other people and their property. If a pill be notified that the participant may not be incies in regard to my child. I/We understand that this release. Furthermore, in the event of an emer child's best interest. I/We agree to pay all experi	July 27 – July 31, 2019,as de of action, or suits of any kince on the part of Kama'aina kaless against loss from any and en)/ ward(s) or by anyone on d(s) permission to attend and ty excursions, van/bus transpotanner in connection with its ay me/us. Discipline is used to participant is not following the included in further programs. there will be no refunds for the regency, the organization provents.	esignated below, of or nature whats dids or the Assoc dall claims, dema his/her/their beh participate in the praticipate in the praticipate in the ortation, and enrice devertising, public to assure the safe e guidelines of the I/We hereby auther youth program widing child care h	do for myself/ourselves soever, which may arise soever, which may arise soever, which may arise ciation's officers, direct onds, damages, actions, coalf and I/we waive any activities conducted by thement activities. I/We a ity, and public relations ty and well-being of all e NMA youth program soorize the organization ponce payment is made. as my/our permission to	, my/our heirs, executors, from my/our child(ren)'s ors, employees or agents. auses of action, or suits of and all rights of exemption Kama'aina Kids during the uthorize the Association & program. The video/photo program participants. All staff consistent with these providing child care and its
Signature of Releasor:			Date:		

SUBMITTAL INSTRUCTIONS: Please fill out, sign and date Waiver Form

PLEASE SCAN/EMAIL TO: kathyhew@kamaainakids.com