



Ōhāhā High School AgriCULTURE Program Application

Please complete the application information below and email to Ka'iana Runnels at krunnels@kohalacenter.org, fax to 808-885-6707, or mail to:

The Kohala Center
attn: Ōhāhā Program
P.O. Box 437462
Kamuela, Hawai'i 96743

I am applying for (check one):

- ☐ June 10–14, 2019 (Applications due June 6)
☐ July 8–12, 2019 (Applications due July 3)

First Name		Middle Initial(s)		Last Name	
Mailing Address					
City		State		ZIP Code	
Physical Address (if different)					
City		State		ZIP Code	
Cell Phone		Alt Phone			
Email					
Date of Birth				Gender	
High School				Grade	
Signature				Date	

If under 18 years of age, Parent or Guardian information:

Name					
Cell Phone		Alt Phone			
Email					
Signature				Date	

(continued on next page)

Please answer the following questions to help us gauge your goals, level of interest, and experience.
Use additional sheets if necessary.

1. Why are you interested in participating in this program?

2. Are Hawaiian cultural values, practices, and principles important to you? ☐ Yes ☐ No

If yes, please rate your level of interest on a scale of 0 (not at all interested) to 10 (extremely interested):

Not at all interested ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 *Extremely interested*

3a. Are you interested in/engaged in **gardening**? ☐ Yes ☐ No

If yes, to what extent?

Not at all ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 *Extremely interested/active*

If yes, what do you want to garden? (Feel free to draw what you want to grow or your ideal garden)

3b. Are you interested in/engaged in **farming**? ☐ Yes ☐ No

If yes, to what extent?

Not at all ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 *Extremely interested/active*

If yes, what do you want to farm? (Feel free to draw what you want to grow or your ideal farm)

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3c. Are you interested in/engaged in **ranching**? ☐ Yes ☐ No

If yes, to what extent?

Not at all ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 *Extremely interested/active*

3d. Are you interested in/engaged in **natural resource management**? ☐ Yes ☐ No

If yes, to what extent?

Not at all ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 *Extremely interested/active*

4. What experience have you had with gardening, farming, ranching, and/or Hawaiian cultural practices?

5. What educational and/or career goals do you have after you graduate from high school?

6. Please list some educational, volunteer, and/or community service projects you've been involved in to deepen your commitment to mālama 'āina.

7. Please provide a scholastic or professional reference (teacher, counselor, coach, employer, etc.)

Name			
Title			
Phone		Email	

For your parent(s) or guardian(s):

May we share your contact information with parents/guardians of other students accepted into the program to help arrange carpooling? ☐ Yes ☐ No

If yes, Contact Name _____

Phone Number OR Email (based on preferred contact method) _____

Please complete
Participant Information, Waiver, and Release of Liability
forms on the following pages.

Participant Information, Waiver, and Release of Liability (Pages 5–8)

PLEASE COMPLETE ALL SECTIONS AND SIGN WHERE INDICATED.

First Name		Middle Initial(s)		Last Name	
Mailing Address					
City		State		ZIP Code	
Physical Address (if different)					
City		State		ZIP Code	
Cell Phone		Alt Phone			
Email					
School/Organization					
Place I'm From					
Date of Birth				Gender	
Ethnicity(ies)				Native Hawaiian?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent or Guardian information (if under 18):

Name(s)			
Cell Phone		Alt Phone	
Email			

Emergency Contact & Medical Information:

Name			
Cell Phone		Alt Phone	
Allergies			
Medical Condition(s)			
Medication(s)			
Physician's Name			

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I hereby assume all of the risks of participation and/or volunteering in this activity or event, including by way of example and not limitation, any risk that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems, which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by The Kohala Center and/or event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: The Kohala Center and it's officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;

I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE The Kohala Center or other persons mentioned in the above paragraph from any and all liabilities or claims make as a result of participation in this activity or even, whether caused by negligence of release or otherwise.

I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential of death, serious injury, and property loss. The risks may include, but are not limited to, those caused by facilities, temperature, weather, condition of participants, equipment, actions of other people including, but not limited to, participants, volunteers, and event minors.

I hereby consent to receive medical treatment which may be deemed advisable and in the event of injury, accident, and/or illness during this activity or event.

The accident waiver and release liability shall be constructed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

The undersigned custodial parent or legal guardian acknowledges that he/she is also signing this release on behalf of the minor participant, that he/she is waiving certain rights on behalf of the minor participant that the minor participant otherwise may have and that the minor participant shall be bound by all the terms of this release. By signing this waiver and release without a parent's or guardian's signature, the participant represents he/she is at least 18 years of age, or, if signing as the parent or guardian of the minor participant.

THE UNDERSIGNED HAVING READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Participant Name (Printed) _____

PARTICIPANT'S SIGNATURE _____

IF MINOR, CUSTODIAL PARENT OR GUARDIAN MUST FILL OUT THIS SECTION:

EDUCATION. ENVIRONMENT. EMPOWERMENT.

The Kohala Center is an equal opportunity provider, employer, and lender.

Custodial Parent/Guardian Name (Printed) _____

Signature _____ Date _____

Relationship to Student _____

Email _____ Phone _____

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RELEASE OF LIABILITY FORM

I, _____ (“Participant”), hereby assume any and
[Participant’s name – please print]

all inherent risks of participation and/or volunteering in the following activity or event:

_____ [“Activity”]

which Activity is hosted by: _____ [“Host”]

I certify that I am physically capable of participating in the Activity and have not been advised against participation in such Activity by a qualified medical professional. I certify that I am not aware of any health-related reasons or problems which would present undue risk to my participation in this Activity. I further certify that the Host has explained, and that I understand, the inherent risks involved in my participation and that I have been given the necessary instruction to participate in the Activity.

In consideration of my application and permitting me to participate in the Activity, I hereby, to the extent permitted by law, release the Host from liability for any damages, harm, or injury resulting from an inherent risk of participation in the Activity, on behalf of myself, my executors, administrators, heirs, next of kin, successors, and assigns.

If the Participant is a minor, the undersigned custodial parent or legal guardian acknowledges that he/she is signing this Release of Liability Form on behalf of the minor Participant. By signing this Release of Liability Form without a parent's or guardian's signature, the Participant represents he/she is at least 18 years of age, or, if signing as the parent or guardian of the Participant, the signer represents they are the custodial parent or legal guardian of the minor Participant.

The validity of this Release of Liability Form and any of its terms or provisions, as well as the rights and duties of the parties to this agreement, shall be governed by the laws of the State of Hawaii.

Any action at law or in equity to enforce or interpret the provisions of this Release of Liability Form shall be brought in a state court of competent jurisdiction in Hawaii.

THE UNDERSIGNED, HAVING READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Participant Name (Printed) _____

PARTICIPANT'S SIGNATURE _____

IF MINOR, CUSTODIAL PARENT OR GUARDIAN MUST FILL OUT THIS SECTION:

Custodial Parent/Guardian Name (Printed) _____

Signature _____ Date _____

Relationship to Student _____ Email _____

Phone _____

PHOTO AUTHORIZATION AND RELEASE – please check one box below

☐ **PERMISSION AUTHORIZED** — I hereby grant permission to The Kohala Center (TKC) to take photographs and/or video of me and to use the images so taken in whatever way they shall choose, including providing photographs and/or video to third parties (e.g., grantors, partner organizations, news media) to further promote TKC's programs and services. By this authorization I agree that I will not receive any fee and that all rights, title, and interest of the images and use of them belong to TKC. I further release and indemnify TKC, including the Corporation, its Board Members, faculty, employees, staff, and other agents from and against any and all liability and responsibility for any claim or cause of action on account of any damages, expenses, or other loss caused, suffered, or occurred during, arising out of or in any way associated, directly or indirectly with my appearance in the photographs, the make of such images, and/or their use.

Participant Signature:

Participant Name (Please Print):

Date:

IF PARTICIPANT IS UNDER THE AGE OF 18:

Parent or Guardian Signature:

Parent or Guardian Name (Please Print):

Date:

OR

☐ **PERMISSION DENIED** — The Kohala Center (TKC) and its representatives on occasion take photographs and/or video for their use in print and electronic publications. This serves as public notice of TKC's intent to do so and as a release to TKC to use such images as it deems fit. If you should object to the use of your photograph and/or video, you have the right to withhold its release by placing a check here and signing immediately below.

Participant Signature:

Participant Name (Please Print):

Date:

IF PARTICIPANT IS UNDER THE AGE OF 18:

Parent or Guardian Signature:

Parent or Guardian Name (Please Print):

Date:
