



2016-2017 Ke Kumu 'Āina Application

Please complete the application information below and email to mpatterson@kohalacenter.org, fax to 808-885-6707, or mail to:

The Kohala Center
 attn: Ke Kumu 'Āina
 P.O. Box 437462
 Kamuela, Hawai'i 96743

I am applying for:

Fall Session: October 10–14, 2016 (App. due October 6)

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	<input type="checkbox"/> Male <input type="checkbox"/> Female
Middle School				Grade	
Signature				Date	

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. What kinds of outdoor science, science field trips, or forestry experiences have you had?

2. What do you hope to gain from participating in this program?

3. What makes you a strong candidate for this program?

4. Do you have any food allergies and/or restrictions we should be aware of? Yes No
If yes, please list below.

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

Name			
Title			
Phone		Email	

For more information, contact Mahina Patterson at 808-887-6411 or e-mail mpatterson@kohalacenter.org.

FOR SIGNATURE OF PARENT/GUARDIAN
The Kohala Center Waiver: Ke Kumu 'Āina Program

I, the undersigned, am the parent/ legal guardian of _____, who wishes to participate in the **Ke Kumu 'Āina Program** (hereinafter referred to as "Program") sponsored by The Kohala Center. I have been informed of and understand the nature and purpose of the Program and the activities my child/ward will be participating in (including activities such as field trips to remote places and work using hand tools) and that transportation will be provided in passenger vans and/or the cabs of trucks. I am aware of the potential hazards of those activities, including but not limited to, bites, stings, heat related illnesses, falls, inclement weather, lightning, and other difficult conditions and recognize that even under the safest conditions, there are a number of hazards and inherent risks involved in these activities as well as events that occur which are beyond the control of The Kohala Center. I acknowledge that my child/ward's participation in the Program and any activity is entirely voluntary and understand that although he/she is expected to be involved in all the planned activities, he/she is not required to participate in any activity with which he/she is uncomfortable. I further acknowledge that my child/ward and I are aware of The Kohala Center's policy on alcohol and drug use and understand that his/her participation in the Program is subject to any rules, procedures, and regulations outlined for him/her by The Kohala Center staff, other Program leaders, and any other person(s) conducting the activities associated with the Program. I do hereby voluntarily grant permission for my child/ward to participate in the Program and its related activities.

I have made an informed decision to allow my child/ward to participate in this Program. I understand and agree that The Kohala Center nor the owner of any of the sites to be visited assumes any responsibility for actions of any attendee on the trip, or any other person and assert that I voluntarily agree to assume the risks of any and all loss or damage to my property, and/or bodily injury to me resulting from any such activities.

I further acknowledge that I have an obligation to complete and return a medical form to the Program Director, prior to my child/ward's participation in the Program and that I am required to disclose to the Director, or the Adjunct Site Director, any injuries, illnesses, or other conditions, diseases, or disabilities my child/ward may suffer or may have suffered subsequent to returning the form through the day of completion. I understand that the medical form is to be completed by my child/ward's physician and is provided to the Program Director solely for the purpose of disclosing his/her medical condition and not for an assessment by TKC of his/her medical condition. I represent that I have discussed my child/ward's medical condition with his/her physician and acknowledge that any decision to have my child/ward participate in this Program has been made by me with full knowledge of his/her medical condition and any risks to such condition, which may result from participation. I further recognize that there are hazards and risks which may result in physical injuries or death and understand that The Kohala Center assumes any responsibility for actions of any persons whether or not a participant in the Program, nor provides any insurance for participants in the Program. I assert that my child/ward has health insurance sufficient enough to cover his/her participation in the Program and that I have provided a copy of documentation of his/her insurance health coverage to the Program Director. I agree to assume all risks and hazards resulting from any injuries, illnesses, diseases or other conditions, whether or not disclosed to The Kohala Center. I authorize and empower any person acting in a supervisory capacity for the Program, at any time and from time to time for the duration of the Program, to take such action as is deemed by such person(s) as necessary or desirable for my child/ward's welfare when he/she is sick or disabled, including without limitation, providing/obtaining medical treatment; provided that, except in the event of an emergency, I receive advance notification if the need for surgery arises. I will pay for any and all cost and expenses so incurred in the exercise of such discretion.

In consideration of my child/ward's being permitted to participate in the Program, I do hereby agree to release, indemnify, and forever discharge The Kohala Center, including the Corporation, its Board Members, staff, and employees, and other agents, of and against any and all liability and responsibility for any claim or cause of action on account of any medical treatment, personal injury, accident, damage, expenses, or other loss caused, suffered or incurred by him/her, myself, or any other person over whom I have legal guardianship during or arising out of or in any way associated directly, or indirectly, with his/her attendance of the Program, (including but not limited to travel incidental thereto) and from contribution or indemnification in respect to any claim made against me and/or my child/ward by any other participant of the Program or at any of the activity sites or any other person or entity in connection therewith.

I acknowledge that I have read and understand the above statements and that if I am unable to do so, for whatever reason, I have had them read to me and am confident that the individual doing so has read and/or translated the statements truthfully and in their entirety.

This release and waiver has been executed on behalf of myself, my heirs and assigns, and has been made with full knowledge of possible risks involved. This instrument has been executed in and shall be interpreted according to the laws of the state of Hawai'i.

Parent or Guardian Signature:

Parent or Guardian Name (Please Print):

Date: _____

PHOTO AUTHORIZATION AND RELEASE – please check one box below

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

Parent or Guardian Signature:

Parent or Guardian Name (Please Print):

Date: _____

OR

PERMISSION AUTHORIZED — I hereby give permission to The Kohala Center to take photographs and/or video of my child during this year’s program and to use the images so taken in whatever way they shall choose. By this authorization I agree that neither my child nor I shall receive any fee and that all rights, title, and interest of the images and use of them belong to The Kohala Center.

I further release and indemnify The Kohala Center, 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 child’s appearance in the photographs, the make of such images, and/or their use.

Parent or Guardian Signature:

Parent or Guardian Name (Please Print):

Date: _____

FOR SIGNATURE OF STUDENT

I have been informed of and understand the nature of the activities in which I am going to engage in during my participation in the Program. Additionally, I understand that although I am expected to be involved in all the planned activities, I am not required to participate in any activity with which I am uncomfortable and acknowledge that my participation in the Program is entirely voluntary. I further acknowledge that I am aware of The Kohala Center’s policy on alcohol and drug use and agree to adhere thereto. I understand that my participation in the Program is subject to any rules, procedures, and regulations outlined for me by Kohala Center staff, Program leaders, or any other person(s) conducting the activities associated with the Program. Additionally, I have read the above statements and do hereby agree to release, indemnify, and hold harmless The Kohala Center, including the Corporation, its Board of Directors, employees, staff, and other agents, of and against any and all legal responsibilities during, arising out of, or in any way associated; directly or indirectly with my participation in the Program as stated above.

Student Signature:

Student Name (Please Print):

Date: _____

Please complete and return this form to:

The Kohala Center, P.O. Box 437462, Kamuela, Hawai’i 96743 or fax to 808-885-6707.