

UNIVERSITY OF HAWAI'I HILO - NORTH HAWAI'I EDUCATION & RESEARCH CENTER (NHERC)

P.O. BOX 279, 45-539 PLUMERIA ST.
HONOKA`A, HAWAII 96727
PH#: (808) 775-8890 FAX#: (808) 775-1294

FACILITY USE - COMPUTER USE FORM

Facility Requested: **Computer Use**

Person/Group Using Facility: _____

Mailing Address: _____

Phone Number: _____ Email: _____

By signing below, I agree to indemnify, defend and hold harmless the University of Hawaii and the State of Hawaii, and their officers, employees, agents, or any person acting on their behalf from and against: (1) any claim or demand for loss, liability or damage, including, but not limited to, claims for property damage, personal injury or death, by whomsoever brought, arising from any accident or incident connected with the use of the facilities above assigned; (2) all claims, suits and damages by whomsoever brought or made by reason of the non-observance or non-performance of University and campus rules and policies or the rules, regulations, ordinances, and laws of the Federal, State, Municipal or County governments. Further, I shall reimburse the University of Hawaii and the State of Hawaii, their officers, employees, agents, or any person acting on their behalf for all attorneys' fees, costs, and expenses in connection with the defense of any such claims.

I have read and fully understand the attached Facility Use Policy & General Regulations and understand that the NHERC Staff may deny any and/or all privileges of this facility if policies & regulations are not followed. I also understand that the NHERC holds highest priority over the use of this room and reserves the right to change my room assignment should an urgent and/or unexpected situation develop requiring the need to use this facility.

THIS MEMBERSHIP WILL EXPIRE ON AUGUST 15, 2012.

Signature of Computer User: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(if computer user is a minor)

Confirmed by: _____ Date: _____
UH Hilo-North Hawai'i Education & Research Center Staff

Payment amount: \$50.00 Payment type (Circle one): Cash Check Money Order Credit Card
Staff signature: _____ Account Number: 263782 Object Symbol: 0649