S A M P L E #2 - ASSUMPTION OF RISK AND RELEASE

I, the undersigned, in full recognition and appreciation of the inherent risks and dangers to which I may be exposed during my participation, on (date), in the:

{for example}
Volcano Tour and during transportation from the UH Hilo to the Volcano, within the Volcanoes National Park and return to UH Hilo; inherent dangers and hazards include, but are not limited to: traffic and road conditions; rough, uneven and sloping volcanic terrain; volcanic fumes; changing weather conditions, i.e. heat, cold and rain.

{or for another example}
Hapuna Beach trip and during transportation to and from Hapuna Beach, including, but not limited to traffic and road conditions; strong undertows; unpredictable surf; limited or no lifeguard service; and exposure to strong sun.

{Be sure to include any risks you may think of for other activities, these examples can be used as is if you do such an activity.}

do hereby agree to assume all the risks and responsibilities surrounding my participation in this activity or any activities undertaken as an adjunct thereto; and further, I do for myself, my heirs, executors, and administrators hereby defend, hold harmless, indemnify and release, and forever discharge the University and (Name of RISO) and all its officers, agents and employees from and against any and all claims, demands and actions or cause of action, on account of damage to personal property, or personal injury, or death which may result from my participation, and which result from causes beyond the control of, and without the fault or negligence of the University and (RISO) and its officers, agents, or employees during the period of my participation as aforesaid.

IN WITNESS WHEREOF, I have caused this release to be executed this ____________ day of , 20__.  

__________________________________________  Date: ____________
PRINT name of participant

__________________________________________
SIGNATURE of participant

__________________________________________  Date: ____________
PRINT name of witness

__________________________________________
SIGNATURE OF witness