

**KAUAI COUNTY CONSERVATION AWARENESS PROGRAM CONTEST
REGISTRATION AND PERMISSION FORM**

Name of Student/Participant: _____ **School:** _____

Name of Parent/Guardian

Name of Advisor/Chaperone

EMERGENCY CONTACT NAME AND PHONE NUMBER(s): _____

I, the undersigned in full recognition and appreciation of the dangers and hazards inherent in the Conservation Awareness Program Contest, do hereby agree to assume all the risks and responsibilities surrounding my and/or my child's participation in the activities; and further hold harmless, indemnify, and release and forever discharge the Hawaii Association of Conservation Districts, East Kauai SWCD, West Kauai SWCD, USDA Natural Resources Conservation Service, University of Hawaii, County of Kauai, and the private landowners and/or company at which this contest is held, and all of its officers, agents, leaders, employees, and volunteers from and against all claims, demands, and actions, or causes of action, on account of damage to personal property, or personal injury, which may result from his/her participation, and which result from causes beyond the control of, and without the fault or negligence of the above mentioned agencies, private landowner and/or company, its officers, agents, leaders, employees, or volunteers during the period of participation as aforesaid.

Signature of Student/Participant

Date

Signature of Parent/Guardian

Date



Optional for photo use

_____ I will allow picture of student during outreach activities to be utilized for educational or promotional purposes.