

Kahumoku 'Ohana
**HAWAIIAN MUSIC AND LIFESTYLE
WORKSHOP**

November 5-12, 2011

EMERGENCY/MEDICAL FORM

This form must be completed to participate. Form is due on your first day of the workshop.

Applicant's Name: _____

(If minor unattended by a parent/gardian, please include a copy of both sides of insurance card)

In case of an emergency, please contact:

Name: _____

Relationship to Applicant: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Alternate Name: _____

Relationship to Applicant: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Medical Permission for Treatment and Release: I/We understand that the ultimate responsibility for any medical treatment deemed necessary for the well being of myself/our family/my child rests with me and/or my family, and agree to the following:

-Emergency and Non-Emergency Medical Service: I/We hereby authorize such emergency and nonemergency medical services for myself/our family/my child as may be deemed necessary or appropriate by Local Productions, Inc. and the Kahumoku 'Ohana Hawaiian Music & Lifestyle Workshop staff.

-Referral and Consultation: I/We further authorize Local Productions, Inc. and the Kahumoku 'Ohana Hawaiian Music & Lifestyle Workshop staff to refer myself/our family/my child to, or consult with, such physicians or facilities as Local Productions, Inc. and the Kahumoku 'Ohana Hawaiian Music & Lifestyle Workshop staff deems necessary or appropriate. I/We understand that any charges for such referral and consultation shall be our sole responsibility.

-Release: I/We (a) waive and release any and all claims against Local Productions, Inc., their associations and employees, the Kahumoku 'Ohana Hawaiian Music & Lifestyle Workshop, it's instructors and sponsors, for injuries, liabilities, losses or damages connected with or arising out of the rendering of medical treatment to myself/our family/my child; and (b) I/We agree to indemnify, defend and hold harmless Local Productions, Inc. and the Kahumoku 'Ohana Hawaiian Music & Lifestyle Workshop from and against any and all claims, proceedings, injuries, liabilities, losses, damages and expenses including reasonable attorneys' fees and costs relating to the rendering of medical treatment of myself/our family/my child.

I/WE HAVE READ AND UNDERSTAND THE CONTENTS OF THIS STATEMENT;
UNDERSTAND THE NATURE OF THIS STATEMENT AS CONTRACTUAL NOT MERE
RECITAL; CONFIRM THAT I/WE WERE GIVEN AN OPPORTUNITY TO ASK QUESTIONS

ABOUT THIS STATEMENT; AND THAT I/WE ARE SIGNING THIS STATEMENT AS MY/OUR FREE ACT.

(Applicant/Responsible Party or Parent/Guardian Signature) (Date)

(Print Name)

(Address, city, state, zip)

WAIVER/RELEASE FORM

This form must be completed to participate. Form is due on your first day of the workshop.

I/We (a) waive and release any and all claims against Local Productions, Inc., their associations and employees, the Kahumoku 'Ohana Hawaiian Music & Lifestyle Workshop, it's instructors and sponsors for injuries, liabilities, losses or damages connected with or arising out of my/our participation in the workshop, field trips or activities, or rendering of any medical treatment deemed necessary; and (b) I/We agree to indemnify, defend and hold harmless Local Productions, Inc. and the Kahumoku 'Ohana Hawaiian Music & Lifestyle Workshop from and against any and all claims, proceedings, injuries, liabilities, losses, damages and expenses including reasonable attorneys' fees and costs relating to my/our participation in the workshop.

I/We consent to the making of visual and/or sound recordings (referred to herein as Materials) of myself/our self by Local Productions, Inc. I/We authorize use of the Materials in any manner and purpose deemed appropriate by Local Productions, Inc. and the Kahumoku 'Ohana Hawaiian Music & Lifestyle Workshop. I/We waive any right to approve the Materials and I/we understand that Local Productions, Inc. and the Kahumoku 'Ohana Hawaiian Music & Lifestyle Workshop is not obligated to use any of the Materials.

(Applicant/Responsible Party's Signature) (Date)

(Print Name)

Parental/Guardian Consent: I represent that I am a parent or guardian of the minor (under the age of 18) who has signed the liability release agreement above, and I hereby agree that we will both be bound thereby.

(Parent/Guardian Signature) (Date)

(Print Name)

(P.O. Box or Street Address)

(City, State, Zip Code)