

**HAWAII POLICE DEPARTMENT
HAWAII ISLE POLICE ACTIVITIES LEAGUE
PERMISSION/RELEASE FORM**

PLEASE PRINT AND COMPLETE ALL INFORMATION

TEAM NAME

AGE DIVISION

PERSONAL INFORMATION

NAME OF PARTICIPANT (Last, First, Middle Initial)	AGE	YEAR OF BIRTH:	RES. PHONE
MAILING ADDRESS	CITY	STATE	ZIP CODE
SCHOOL	GRADE		
PARENT'S/LEGAL GUARDIAN'S NAME	RES. PHONE	BUS. PHONE	CELL
MAILING ADDRESS	CITY	STATE	ZIP CODE

MEDICAL INFORMATION

I give my consent for your Agency to refer my child, if injured or ill, to my family physician when I cannot be reached. Where there is no family physician available, the discretion for the selection of a doctor will be left to the agency.

IN CASE OF EMERGENCY, CONTACT	RES. PHONE	BUS. PHONE	CELL PHONE
MEDICAL INSURANCE COVERAGE	POLICY NUMBER	EXPIRATION DATE	

RELEASE AND INDEMNITY

PARENT OR LEGAL GUARDIAN: _____, ON BEHALF _____, A MINOR (HEREINAFTER "MINOR"), FOR AND IN CONSIDERATION OF SAID MINOR BEING PERMITTED TO PARTICIPATE IN THE HI-PAL-SPONSORED ACTIVITIES, HEREBY EXPRESSLY AGREES:				
A	That there is substantial value and benefit to be derived by Minor in participating in this activity sponsored by the COUNTY.	TYPE OF ACTIVITY	FROM (DATE)	TO (DATE)
B	That they shall forever release and waive all rights to bring suit or claims against and will indemnify and hold harmless, the County of Hawai'i, it's officers, agents and employees, HI-PAL Program, the Hawai'i Police Department, or any representative, sponsor, manager, coach, trainer, or person who is in any manner connected with the operation of the HI-PAL Program, an account of any and all claims, demands, loss of services, or expense for property damage, and/or personal injuries, that may arise as a result of said Minor's participation in or transportation to and from the subject HI-PAL activity.			
C	That COUNTY is not to be held liable for death or injuries resulting during period when MINOR is transported to ACTIVITY by persons other than employees of the COUNTY.			
D	To give consent to allow MINOR to actively participate in ACTIVITY.			
E	That PARENT/LEGAL GUARDIAN recognizes and understands that participation in ACTIVITY involves risk of death, personal injury, and/or property damage, commonly inherent in such activity.			
F	That MINOR, through PARENT/LEGAL GUARDIAN, voluntarily chooses to participate in ACTIVITY, to which action PARENT/LEGAL GUARDIAN, gives approval and consent.			
G	That said MINOR is in reasonably good physical and mental health, such that the MINOR can safely participate in ACTIVITY.			
H	To notify a representative from the HI-PAL Program if there is any change in MINOR's physical and/or mental condition such that MINOR cannot safely participate in ACTIVITY.			

Photos and/or videos may be taken periodically during this event. HPD/HI-PAL ☐ has / ☐ does not have the unrestricted right and permission to use my child's voice and image, and to edit, reproduce, display, sell, publish, copyright, license, and distribute videotape or digitally recorded pictures, with or without sound, or voice recordings, in which my child participated. I waive any right that I may have to inspect and approve the finished Production or the uses to which it may be applied.

Person Signing:

Please check one: ☐ FATHER or ☐ MOTHER or ☐ LEGAL GUARDIAN:

PRINT: _____

SIGN : _____