

HALAU MAKANA LANI

RELEASE OF LIABILITY FORM

I, _____, residing at

(full address)

DO HEREBY ACKNOWLEDGE BY MY SIGNATURE BELOW THAT:

- 1) I HAVE BEEN NOTIFIED THAT HALAU MAKANA LANI DOES NOT CARRY LIABILITY INSURANCE. PARTICIPATION IS AT MY OWN RISK, AND ANY COSTS INCURRED FOR ANY INJURY, DISABILITY, OR ILLNESS DUE TO MY PARTICIPATION SHALL BE AT MY EXPENSE.
- 2) IT IS MY RESPONSIBILITY TO IMMEDIATELY NOTIFY HALAU MAKANA LANI OF ANY MEDICAL CONDITIONS OR PHYSICAL LIMITATIONS THAT I MAY HAVE PRIOR TO COMMENCING, OR THAT I MAY ACQUIRE AT ANY TIME THEREAFTER.
- 3) IT IS MY RESPONSIBILITY TO EXERCISE DISCRETION TO GET MEDICAL CLEARANCE OR CONSENT FROM MY DOCTOR PRIOR TO PARTICIPATING.
- 4) I RELEASE AND INDEMNIFY GLORIA RUIZ, HALAU MAKANA LANI, ITS STUDENTS, AGENTS, EMPLOYEES, INDEPENDENT CONTRACTORS, ANY PREMISE OWNER, LEASOR, SUBLEASOR OR FACILITATOR, OR ANY ASSOCIATED PARTY OR ASSIGNEES FROM ALL RIGHTS AND CLAIMS THAT I MAY HAVE, OR MAY HEREAFTER HAVE, FOR ANY INJURY, DISABILITY, OR ILLNESS DUE TO MY PARTICIPATION IN HALAU MAKANA LANI CLASSES, EVENTS OR ANY OTHER FUNCTIONS PROMOTED OR SANCTIONED BY HALAU MAKANA LANI.

Signature

Date

If under 18 years of age, parent/guardian signature required.