

**WAIVER/RELEASE FORM**  
**Hawai'i Institute of Marine Biology, University of Hawai'i**  
**Non-U.H. Visitors at Coconut Island**

**(PLEASE READ, then complete FRONT side of form for single visitor, or complete BACK side of form if two or more visitors.)**

I (we), the undersigned in full recognition and appreciation of the dangers and hazards inherent in marine-related field activities, which may include acquisition of marine research data in an island environment utilizing small boats and, during transportation to and from HIMB - Coconut Island, to which I (we) may be exposed during my (our) participation in field activities and site visitations during my (our) duration of stay, \_\_\_\_\_, 20\_\_\_\_, and, I (we) do hereby agree to assume all the risks and responsibilities surrounding my (our) participation therein or any independent research activities undertaken as an adjunct thereto. Furthermore, adults in group visitations shall be responsible for the safety of the minors in the group.

I (We) shall for myself (ourselves,) my (our) heirs, executors, and administrators hereby indemnify, defend and hold harmless the University of Hawai'i and the State of Hawai'i, and their officers, employees, agents, or any person acting on their behalf from and against: (1) any claim or demand for loss, liability or damage, including, but not limited to, claims for property damage, personal injury or death, by whomsoever brought, arising from any accident or incident connected with the performance of this agreement; (2) all claims, suits and damages by whomsoever brought or made by reason of the non-observance or non-performance of any of the terms covenants and conditions herein or the rules, regulations, ordinances and laws of the federal, state, municipal or county governments. Furthermore, I (we) shall reimburse the University of Hawai'i and the State of Hawai'i, and their officers, employees, agents, or any person acting on their behalf for all attorney's fees, costs, and expenses incurred in connection with the defense of any such claims.

IN WITNESS WHEREOF, I (we) have caused this release to be executed this

\_\_\_\_\_ day of, 20\_\_\_\_\_.

\_\_\_\_\_  
Visitor (print your name)

\_\_\_\_\_  
Sponsor

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

HIMB Acknowledgment:

\_\_\_\_\_  
Ruth Gates, Director

**If you are under 18 years of age, you are required to have your parent/guardian sign as confirmation to authorization and acceptance of this waiver/release.**