



Honors Student Organization at the University of Hawaii at Mānoa

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HSO Waiver Form

I, _____,

Name of Member (Last, First)

in full recognition of the dangers and hazards inherent to the Honors Student Organization (HSO) related activities, do hereby agree, without reservation to participate in the HSO at the University of Hawaii at Manoa’s programs and its activities during the period of the academic year **2016-17**.

I do hereby assume all risks relating to, and caused by, my participation in such activities. Further, I do for myself, my heirs, executors and administrators, waive, release and forever discharge the State of Hawaii, including the University of Hawaii System and associated agencies and all of its officers, agents and employees, acting officially and otherwise, from all liability, claims, demands, actions, or cause of action, on account of damage to my personal property, or on account of injury or death to me which may occur from any cause while performing work, or while being transported to and from study and service sites aboard vehicles, vessels, or any other equipment, or while at any facility used in conjunction with the activities during the said period.

I do hereby give permission to publish, copyright, distribute, and/or display photographic images, video, and/or audio recordings taken of me and/or my guests during the period of the **academic year 2016-2017** for use in public education and promotional projects by HSO and its associates.

In witness whereof, I have caused this waiver to be executed on this day of _____, **2016**.

Member Signature: _____

**Parent/Legal Guardian Co-signature
(For students under 18 years of age) :** _____

Member Contact #: _____

Member E-mail: _____@hawaii.edu

-----Do not write below dotted line. FOR HSO OFFICER USE ONLY-----

Date: _____

Officer Name: _____ Officer Signature: _____