

# Kaho‘olawe Island Reserve Commission



811 Kolu St., Suite 201, Wailuku, HI 96793 • ph. 808-243-5020 • fx. 808-243-5885

## Volunteer Service Agreement PLEASE READ CAREFULLY

The Kaho‘olawe Island Reserve Commission (KIRC) is dedicated to the restoration and protection of Kaho‘olawe’s cultural, historical, archeological, and environmental resources. The KIRC recognizes the importance of volunteers in the success of these efforts. We want to ensure a safe and positive work environment for the volunteers and in doing so, it is important that each individual understand the KIRC’s policies and expectations for volunteer service.

### Program Benefits

1. You will be afforded a chance to work alongside a team of resource managers and specialists.
2. Gain hands-on experience that will help you better understand Hawai‘i’s natural and cultural resource needs and challenges.
3. You will have an opportunity to learn about the history and culture of a unique place Hawaiians consider to be a place of refuge and very sacred.

### KIRC agrees to the following:

- Offer a volunteer orientation and on-the-job training including safety briefings and proper use of equipment.
- Assign a staff supervisor to the volunteer group for guidance and consultation.
- Regularly evaluate volunteer performance.

### As a KIRC volunteer I agree to:

- Abide by the rules and policies of DLNR, KIRC, and all applicable Federal, State, and County laws.
- Abide by all dress codes and supply/gear requirements as applicable.
- Perform service work as needed at my assigned placement site.
- Report to the designated meeting location(s) on time, if applicable.
- Provide timely notification of inability to participate in the volunteer program.
- Keep survey/monitoring sheets or activity logs where requested.
- Return all administrative paperwork by required deadlines.
- Treat all volunteers, KIRC employees, contract personnel, and others with whom we work, with respect.
- Act safely and responsibly and not abuse the position of KIRC volunteer.

**I have read and fully understand the expectations and responsibilities of this agreement to serve as a KIRC volunteer as stated above. I also understand that the failure to abide by this agreement may result in my or my child’s dismissal or removal from the island at my expense.**

Yes       No

**I hereby grant KIRC my permission to photograph or videotape my or my child’s participation as a volunteer and to use those images in any education or outreach activity (i.e. brochures, videos, displays, etc.).**

<b>NAME (please print)</b>	<b>GROUP NAME (if applicable)</b>

<b>SIGNATURE</b>	<b>DATE</b>

<b>SIGNATURE OF PARENT OR LEGAL GUARDIAN</b>	<b>DATE</b>

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## Release of Liability

### PLEASE READ CAREFULLY

I have requested the Kaho'olawe Island Reserve Commission to allow me or my child to enter the island of Kaho'olawe. I agree and acknowledge that my or my child's SAFETY IS at moderate risk and that I accept RESPONSIBILITY. I further acknowledge that I have been instructed to follow all safety instructions both written and verbal. I fully understand, and by my signature acknowledge that:

- (1) I understand that the island of Kaho'olawe was used from 1941 to 1990 as a live ordnance military training complex; that the island and its waters were used by the United States and its allies as a live ordnance impact training area; that the ENTIRE ISLAND IS DANGEROUS AND UNSAFE due to the presence of surface and subsurface UNEXPLODED ORDNANCE; that there may be hazardous conditions and ordnance on and under the surface of the island and in the waters surrounding the island; and that unexploded ordnance may explode near me or my child which could cause serious bodily harm, injury or death.
- (2) I understand that the roads and trails on the island of Kaho'olawe are extremely rough and rugged; and that the old former military vehicles used on these roads and trails are old, have exposed metal surfaces, do not include typical vehicle safety features, and may break down while some distance from airlift support. I understand that if I or my child ride in any of these vehicles while on the island, I, he, or she MAY BE INJURED and that if the vehicle breaks down, I, he, or she may be required to walk a significant distance for support.
- (3) I understand that the buildings, boardwalks and pathways in the base camp are roughly-constructed, contain exposed metal surfaces, present many rough and uneven surfaces, and do not include typical safety features. I understand injury may result during their use.
- (4) I also understand that recreational swimming may take place at the beach areas of Kaho'olawe Island and that unexploded explosives may be present in the waters and also that sharks or

other natural dangers may be present. I further understand the risks presented by the currents, surf, and shoreline conditions. Additionally, I understand that certified lifeguards are not present and swimming is at the swimmer's risk.

Knowing that the island is dangerous and unsafe and that the pervasive presence of unexploded explosives present to me or my child A RISK OF SERIOUS BODILY HARM OR DEATH, I nevertheless permit myself or my child to go to the island of Kaho'olawe. Knowing that the vehicles and all areas of the island present a risk of injury, I nevertheless desire that I visit Kaho'olawe and visit sites in old former military vehicles. I voluntarily ASSUME THE RISK OF INJURY OR LOSS created by the presence of explosives and other hazardous conditions, which exist on the island. I voluntarily ASSUME THE RISK OF INJURY OR LOSS created by the existing condition of the road, trails, vehicles, water, and areas of the island. I voluntarily ASSUME THE RISK OF INJURY OR LOSS associated with helicopter and ocean going craft transportation. With full knowledge of the hazards, I RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS the State of Hawai'i and any and all of its officers, agents, and employees, for death or injury to me or damage to or destruction of any of my or my child's property resulting from the hazardous conditions previously listed, to include transportation to, from, on or in the island and waters of Kaho'olawe.

**In consideration of allowing me or my child the access which I have requested, I, for myself, my heirs, beneficiaries, executors and administrators, REMISE, RELEASE, AND FOREVER DISCHARGE the State of Hawai'i, and any and all of their officers, agents and employees, acting in their official capacity with due diligence, from any and all claim(s), demand(s), or cause(s) of action on account of my or my child's death or on account of any injury to my or my child's property which may occur from my or my child's negligence, hazards listed herein, or an unforeseeable mishap, during my or my child's access to the island of Kaho'olawe or incident thereto.**

### I have read and fully understand the KIRC Release of Liability

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SIGNATURE

DATE

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SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

I  GIVE  DO NOT GIVE my minor child permission to swim.

I have read and fully understand that swimming may take place without a lifeguard at my child's own risk.

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SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

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## Emergency Information Form

TODAY'S DATE

*Information Expires every 12 months*

FIRST NAME

LAST NAME

NICKNAME

<input type="text"/>	<input type="text"/>	<input type="text"/>
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MAILING ADDRESS

CITY

STATE

ZIP CODE

EMAIL

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PRIMARY TELEPHONE

SECONDARY TELEPHONE

T-SHIRT SIZE

<input type="text"/>	<input type="text"/>	<input type="text"/>
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AGE

WEIGHT (LBS)

BIRTHDATE

SEX:

BLOOD TYPE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="text"/>
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MEDICAL, PHYSICAL, OR MENTAL LIMITATIONS

PHYSICIAN STATEMENT RESTRICTION:

DATE OF RESTRICTION (S)

YES

NO

NATURE OF RESTRICTIONS

MEDICATIONS

ALLERGIES

FOOD RESTRICTONS/REQUESTS

MEDICAL PLAN

NUMBER

<input type="text"/>	<input type="text"/>
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DOCTOR'S NAME

DOCTOR'S PHONE NUMBER

<input type="text"/>	<input type="text"/>
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EMERGENCY CONTACT NAME

RELATIONSHIP

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EMERGENCY CONTACT ADDRESS

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EMERGENCY CONTACT PRIMARY PHONE

EMERGENCY CONTACT SECONDARY PHONE

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**I AM TRAINED IN:**

WATER RESCUE   
 CPR   
 FIRST AID   
OTHER:

**MEDICAL AUTHORIZATION:**

I hereby authorize the KIRC personnel on the island of Kaho‘olawe to render any necessary medical care to me in the event of an emergency. I further give my consent for the physicians on the active staff of the nearest (or the most appropriate) hospital to perform any emergency life saving care. This authorization shall be in effect as long as I am a volunteer with the KIRC on the island of Kaho‘olawe. Additionally, I understand that I am fully responsible for all medical costs that might be incurred.

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SIGNATURE

DATE

**UNDER 18 YEARS OF AGE ONLY:**

**PARENT OR LEGAL GUARDIAN NAME**

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**PLEASE READ THE FOLLOWING VERY CAREFULLY AND SELECT FROM THE FOLLOWING OPTIONS BY PLACING A CHECK MARK IN THE BOX:**

- My minor child will have no prescription medication with him/her and will not receive any prescription medication without a physician’s orders while he/she is on Kaho‘olawe.
- My child will bring prescription medication to Kaho‘olawe, and he/she will advise authorized KIRC personnel and his/her chaperone of the nature of and reason(s) for the medication.
- My child’s chaperone may administer non-prescription medications, or their equivalents, according to package instructions to my minor child if he/she complains of the symptoms for which the medication is intended.
- I expect to be contacted before my child’s chaperone administers any medication to my child.

**MEDICAL AUTHORIZATION:**

I hereby authorize the KIRC personnel on the island of Kaho‘olawe to render any necessary medical care to my child in the event of an emergency. I further give my consent for the physicians on the active staff of the nearest (or the most appropriate) hospital to perform any emergency life saving care. This authorization shall be in effect as long as my child is a volunteer with the KIRC on the island of Kaho‘olawe. Additionally, I understand that I am fully responsible for all medical costs that might be incurred by my child.

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SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE