Agreement/Commitment/Release/Information

Release and Waiver Agreement

In the exchange for my child to participate in the Holomua Program at BYU Hawaii, I hereby agree to release BYU Hawaii, its employees, independent contractors and mentors from liability for any injuries or harm that I or my child may sustain as a result of my child’s participation in the program. I also agree to indemnify and hold the indemnified parties harmless from any loss, liability, damage, claim, judgment, demand, or expense, including attorney’s fees and costs, which may rise because of my child’s participation.

Video/Photo Release

I give permission to have my child be in a group or individual photo and on a video for documentation and testimonial purposes. I understand that it is optional and voluntary. I release BYU Hawaii and its employees, independent contractors and mentors from liability sustained by its use. The purpose of the video/photo is to document and to showcase its program benefits and services.

Student Commitment

I have read the Church Educational System Honor Code and the Dress and Grooming Standards, and I agree to abide by the above requirements. If LDS, I also confirm that I have been and will continue to regularly attend my Church meetings. I certify all statements are complete and true and acknowledge that my participation in this program on the BYU Hawaii campus is contingent on my abiding to the Honor Code and the Dress and Grooming Standards. For review go to http://besmart.com/admissions/apply.honorcode.php.

I have carefully read this document regarding the release and waiver, video/photo, and student commitment agreement and understand its contents, and am fully informed about this event and circumstances. I am satisfied that my child is given permission to safely participation in this event. I understand that this document is a contract with BYU Hawaii and agree to abide by its terms and conditions. I certify by my signature that I am this child's parent or legal guardian. I sign this document freely and voluntarily.

Participant (Print) .................................................. Participant (Signature) ..........................................

Parent/Legal Guardian (Print) ................................... Participant (Signature) ..........................................

Medical/Dental Information

For emergency purposes, please provide the information below so that we can better facilitate an emergency if something happens. It is recommended that all Holomua participants have adequate insurance should an accident happens during Holomua Program. Although all precautions are taken to ensure the safety of each Holomua participant, BYU Hawaii is not liable for any accidents that might occur.

<table>
<thead>
<tr>
<th>Insurance Medical/Dental Provider</th>
<th>Insurance #</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIMARY PHYSICIAN NAME</td>
<td>CONTACT NUMBER</td>
</tr>
<tr>
<td>PRIMARY DENTAL NAME</td>
<td>CONTACT NUMBER</td>
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</tbody>
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Other:

T-shirt Size (Circle the appropriate size)  S  M  L  XL  2XL  3XL