



KEIKI EXPLORERS CLUB WAIVER AND RELEASE CONTRACT

- 1. I _____ (Name of the Participant) and
_____ (If Participant is a minor, name of signing
parent or guardian) acknowledge that I want to participate in recreational
activities with Keiki Explorers Club Inc. Such activities include but may not be
limited to Hiking, Indoor and Outdoor Swimming, Overnight Camping, Indoor Rock
Climbing, Paintball, Zoo Visits, Batting Cages, Bike Riding, Canoeing, Tubing,
Rafting, Transportation to and from events, (this includes public transportation)
Out of State Hikes, Playground Horseplay.**
- 2. I understand that the activity (ies) I (my child) will participate in has associated
risks and dangers, and that I (my child) could be injured, or die as the result of such
risks and dangers and my participation in the activity (ies).**
- 3. I give my consent to the Keiki Explorers Club Inc., employees, directors, agents
and members (who are certified in First Aid and CPR), permission to aid my child
until EMS services are available if I am not present to give consent for my child
during an emergency.**
- 4. In consideration of my (my child) being permitted to participate in the
above-described activity (ies), I agree to assume all risks, including both inherent
and non-inherent risks, and all responsibility for myself, (my child) for any injuries,
which may result from my participation in such activities.**
- 5. I further agree to release, indemnify, defend and hold harmless Keiki Explorers
Club Inc., its employees, directors, agents, and members, from any and all liability
for any damage or injury, cost or expense to my person (my child) (including death)
and/or my property which may result from my participation in the above described
activity (ies), whether resulting from, strict liability, or some other cause.**
- 6. I agree not to sue or otherwise make a claim against Keiki Explorers Club Inc., its
employees, agents, members and directors for any injury, death, loss or damage to
myself resulting from the acts, omissions, of Keiki Explorers Club Inc., its employees
and directors as a result of my (my child) participating in the above described
activity (ies).**



7. I understand that all participants will be responsible for self-administering all regularly prescribed medications. Keiki Explorers Club Inc., its employees, agents, members and directors will not be responsible for administering regularly prescribed medications.

8. I also agree that if my child/children use foul language, narcotics, controlled substances such as alcohol, improper use of cell phones, make sexual comments or engage in sexual or hostile behavior towards anyone he/she/they will be sent home and not allowed to return.

9. Keiki Explorers Club Inc., its employees, agents, members and directors reserve the right to dismiss a participant for any reason.

10. I agree that the terms of this contract shall also be binding as to my (my child's) heirs, personal representatives, and administrators.

11. I understand that this is a contract that limits my child's legal rights and that waives and releases Keiki Explorers Club Inc., from responsibility and blame in the event I (my child) am (is) injured participating in the above-described activity (ies).

12. I hereby certify I have read, understand and agree to this contract.

Participant's signature

Parent or Guardian Signature

FORM MUST BE COMPLETED AND RETURNED TO US FOR YOUR CHILD TO ATTEND CAMP.