

Agreement for Individual Voluntary Service for Conservation Projects

STATE OF HAWAI'I
DEPARTMENT OF LAND AND NATURAL RESOURCES

AGREEMENT FOR INDIVIDUAL VOLUNTARY SERVICE
FOR CONSERVATION PROJECTS

(For Adults and Accompanied Minors)

Name: _____ Phone: _____

Address: _____

DURATION OF AGREEMENT: START: _____ END: _____

I have requested permission from the State of Hawai'i (State) Department of Land and Natural Resources (DLNR) to allow me and any identified accompanying minor to participate in field activities involving conservation service projects for the period identified above. Volunteer participants under this Agreement are not employees of the State and will receive no wages, compensation, or employment benefits. I agree, and agree on behalf of any accompanying minor, to follow all instructions provided by DLNR personnel responsible for supervising the activities. I further agree that information obtained while participating in these activities, including but not limited to information regarding the location, condition, or care of protected species, natural resources, or sensitive cultural resources, shall be treated as confidential unless disclosure is specifically allowed by DLNR. I further agree that I, and any accompanying minor, will act in a safe, respectful, conscientious, and cooperative manner while participating in these activities.

I understand that I will be assisting the DLNR in care for Hawai'i's natural and cultural resources. I will be responsible for the equipment and supplies assigned to or used by me, as well as any personal belongings. I understand that DLNR personnel will provide logistical support and safety instruction related to the volunteer activities. I agree to follow all instructions provided by DLNR personnel regarding the safe use and proper care of hand tools, including, but not limited to, machetes, saws, hand saws, hazel hoes, Pulaski axes, McLeod tools, pry bars, sledge hammers, bow saws, and any power tools. I acknowledge that the use of such tools, as well as exposure to herbicides, pesticides, and fungicides, may result in serious bodily injury, death, illness, or poisoning. I agree not to use any such tool or substances until I have received instruction from DLNR personnel regarding their proper and safe use.

I represent that I, and any accompanying minor, are in good physical condition and capable of participating in the volunteer activities described in this Agreement. I have informed the State of any physical, mental, and/or medical conditions that myself, any accompanying minor, or others may have while participating in these activities. Neither I nor any accompanying minor has a condition or disability that would prevent safe participation in the activities covered by this Agreement. I understand that I am responsible for ensuring that I, and any accompanying minor, have adequate food, water, clothing, medications, and other personal necessities appropriate for the activity and environmental conditions.

I understand that appropriate footwear, and where necessary, protective clothing, eyewear, or headgear should be worn while participating in field activities. I understand that volunteer activities may vary in duration and may be shortened, extended, modified, or canceled due to weather, safety concerns, operational needs, or other conditions at the discretion of DLNR personnel. I further understand that volunteer activities may occur in remote areas including on public or private lands where hunting activities occur and that I, and any accompanying minor, must not leave the designated work area without first notifying DLNR personnel.

I understand and acknowledge that participation in volunteer activities may involve moderate to high risks to my safety and the safety of any accompanying minor, and I voluntarily accept and assume those risks. I agree to immediately notify DLNR personnel if I, or any accompanying minor, become ill, injured, fatigued, or otherwise feel unsafe during the activity. There are inherent risks and dangers associated with outdoor field work and volunteer activities, including but not limited to:

- | | |
|---|--|
| Nighttime work | Helicopter transportation or work around helicopters |
| Travel as a passenger in motor vehicles, including (e.g., car, truck, van, Utility-Terrain Vehicles, or other transportation) | Gusty winds |
| Work around or near mechanical equipment | Sharp, uneven, unstable, or slippery rocks and terrain |
| | Stinging or biting insects, spiders, or other animals |

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Limited, portable, or unavailable bathroom facilities
 Steep drop-offs, cliffs, landslides, or unstable ground
 Rugged, remote, steep, slippery, or muddy terrain or trails
 Sharp tools and power equipment
 Limited access to medical and emergency services
 Wild animals
 Harsh or rapidly changing weather conditions, including hot, humid, wet, cold, windy, or stormy conditions
 Diseases or illnesses borne by water, air, plants, insects or animal vectors
 Paint, fuel, oil, herbicide, pesticide, fungicide, or other chemical exposure or fumes

Thorny, poisonous, dense, or tangled vegetation
 Other natural or man-made hazards associated with outdoor volunteer activities
 Slips, trips, falls, drowning, or other water-related hazards
 Unreliable or unavailable communication or telephone service
 Flash floods and other flooding hazards
 Wet or slippery roads or surfaces
 Work on, in, or near streams, wetlands, shorelines, coastal areas, or the ocean
 Herbicides, pesticides, fungicides, or other hazardous substances
 Activities occurring in hunting areas where weapons fire may occur
 River or stream crossings
 Unexploded ordinance

Transportation to and from volunteer activity sites, including transportation by vessel to offshore islands, islets, or coastal areas, may be provided by DLNR personnel or authorized operators as part of the volunteer activities covered by this Agreement. Access to volunteer sites may also occur by walking through shoreline or low-tide areas, swimming, wading, kayaking, paddleboarding, or other independently arranged means of access. I understand that marine, coastal, and offshore access activities may involve additional risks, including but not limited to rough seas, surf, waves, currents, tides, changing weather conditions, vessel movement, boarding or disembarking hazards, slippery or unstable surfaces, capsizing, collision, drowning, injury from reefs, rocks, or marine life, and delayed emergency response due to remote locations. I voluntarily assume all such risks on behalf of myself and any accompanying minor participating in the volunteer activities.

I understand and acknowledge that participation in these activities may result in serious bodily injury, illness, emotional distress, property damage, permanent disability, or death, and I voluntarily assume all such risks on behalf of myself and any accompanying minor.

To the fullest extent permitted by law, I further agree to indemnify, defend, and hold harmless the State of Hawai'i, the Department of Land and Natural Resources, the Board of Land and Natural Resources, and their officers, employees, agents, contractors, and volunteers from and against claims, demands, liabilities, damages, costs, or expenses arising out of or related to my acts or omissions, or the acts or omissions of any accompanying minor under my supervision, during participation in the volunteer activities.

I understand that I am signing this Agreement on behalf of myself and any accompanying minor under my care during the volunteer activities. I agree that I am responsible for supervising any accompanying minor identified below unless another responsible adult has separately agreed in writing to assume responsibility for that supervision. If signing as the parent or legal guardian of a participating minor, I shall legibly identify the minor covered by this Agreement below.

I have read, understood, and voluntarily agree to the terms of this Agreement, and I hereby agree to participate, and permit any accompanying minor identified below to participate, in the volunteer activities described above in support of the programs and activities of DLNR.

 Signature of Volunteer or Parent/Legal Guardian Date

 Printed Name

Minor's Name: _____

Minor's Name: _____

Minor's Name: _____

Minor's Name: _____

DLNR may accept volunteer services under this Agreement for the duration identified above, subject to applicable law, safety requirements, and its operational needs.

 Accepted on behalf of State of Hawai'i, Department of Land and Natural Resources

Department of Land and Natural Resources Division of Forestry and Wildlife

Media Release

This form documents an agreement to use names, images, and likenesses, as shown in media (e.g., videos and photos taken at our activities) for the following intended uses: Communication, outreach, and education products of the Department of Land and Natural Resources intended to promote an awareness and appreciation of the natural environment.

Please complete the form according to your circumstances:

- If you are an adult participating on your own in our activities, complete Section I only and leave Section II blank.
- If you are an adult participating in our activities alongside a minor (or minors) for whom you are a guardian, complete both Section I and Section II.
- If you are an adult signing on behalf of a minor for whom you are a guardian but do not plan on participating in the activity yourself, leave Section I blank and complete only Section II.

SECTION I: RECEIPT RELEASE FOR ADULTS

I, being of legal age, hereby consent that my name, image, and likeness, as shown in the videotapes, photographs, motion picture film, and/or electronic images in which I appear, and/or audio recordings made of my voice may be used by the State of Hawaii, Department of Land and Natural Resources (DLNR), its assigns or successors, in whatever way they desire including television; furthermore, I hereby consent that such photographs, films, recordings, electronic images, and the plates, tapes, disks, and/or software from which they are made shall be the property of the State of Hawaii, DLNR, Division of Forestry and Wildlife, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, films, recordings, electronic images, and the plates, tapes, disks, and/or software as they may desire free and clear of any claim whatsoever on my part.

Printed Name: _____

Address: _____

Signature: _____

Date of Signing: _____

Accepted on behalf of the State of Hawai'i, Department of Land and Natural Resources

SECTION II: RECEIPT RELEASE FOR MINORS

I, being the parent or guardian of the minor(s) listed below, hereby consent that, for each individual, his/her name, image, and likeness, as shown in the videotapes, photographs, motion picture film, and/or electronic images for which she/he appears, and/or audio recordings made of her/his voice may be used by the State of Hawaii, Department of Land and Natural Resources (DLNR), its assigns or successors, in whatever way they desire including television; furthermore, I hereby consent that such photographs, films, recordings, electronic images, and the plates, tapes, disks, and/or software from which they are made shall be the property of the State of Hawaii, DLNR, Division of Forestry and Wildlife, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, films, recordings, electronic images, and the plates, tapes, disks, and/or software as they may desire free and clear of any claim whatsoever on my part.

Printed Name of Parent or Guardian: _____

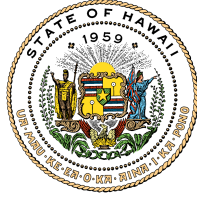
Address: _____

Printed Name(s) of Participating Minor(s): _____

Signature of Parent or Guardian: _____

Date of Signing: _____

Accepted on behalf of the State of Hawai'i, Department of Land and Natural Resources



**STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAII
DEPARTMENT OF LAND AND NATURAL RESOURCES
KA 'OIHANA KUMUWAIWAI 'ĀINA**

DIVISION OF FORESTRY AND WILDLIFE
1151 PUNCHBOWL STREET, ROOM 325
HONOLULU, HAWAII 96813

MINOR MEDICAL INFORMATION AND EMERGENCY AUTHORIZATION FORM

This form must be completed by a parent or legal guardian for any minor participating in volunteer or field trip activities conducted or supervised by the State of Hawai'i Department of Land and Natural Resources (DLNR).

MINOR PARTICIPANT INFORMATION

Minor Participant Name: _____

Date of Birth: _____

Parent or Legal Guardian Name: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: _____
(if Parent/Guardian Cannot be Reached)

Relationship to Minor: _____

Phone: _____ Alternate Phone: _____

MEDICAL INFORMATION

Please list any medical conditions, allergies, or health conditions DLNR personnel should be aware of while supervising the Minor Participant:

Is the Minor Participant currently taking any medications DLNR personnel should be aware of?

- No
- Yes (please describe):

EMERGENCY MEDICATIONS (IF APPLICABLE)

Does the Minor Participant carry any emergency medications (e.g., inhaler or epinephrine pen)?

- No
- Yes

Medication: _____

Condition Treated: _____

Where medication is kept (e.g., backpack): _____

The Parent/Guardian authorizes DLNR personnel to assist the Minor Participant in accessing or administering the above emergency medication, if necessary.

SWIMMING ABILITY (FOR COASTAL OR OFFSHORE ACTIVITIES)

- Non-swimmer
- Basic swimmer
- Strong swimmer

HEALTH INSURANCE INFORMATION

Insurance Carrier: _____

Policy Number: _____

Subscriber Name: _____

PHYSICIAN INFORMATION

Primary Physician Name: _____

Phone Number: _____

MEDICAL AUTHORIZATION

The Parent/Guardian authorizes DLNR personnel to provide or obtain basic first aid and to assist the Minor Participant in accessing or administering any emergency medications identified by the Parent/Guardian. The Parent/Guardian further authorizes DLNR personnel to seek and obtain emergency medical care for the Minor Participant if the Minor Participant becomes ill or injured during volunteer activities and the Parent/Guardian cannot be reached in a timely manner. This authorization includes permission for DLNR personnel to arrange transportation to a medical facility and to consent to emergency medical treatment deemed necessary by qualified medical professionals. The Parent/Guardian agrees to provide current emergency contact information and to notify DLNR of any changes to the Minor Participant's medical condition, medications, allergies, or other health information that may affect participation in volunteer activities. The Parent/Guardian understands that volunteer activities may occur in remote locations where immediate access to medical facilities or emergency responders may be limited and that transportation to obtain medical care may require additional time.

The Parent/Guardian acknowledges and agrees that the State of Hawai'i does not provide medical or accident insurance coverage for volunteers or field trip participants and that any medical expenses incurred as a result of injury or illness during volunteer or field trip activities are the responsibility of the Parent/Guardian or the Minor Participant's health insurance provider. All medical and insurance costs for any injury suffered during the activities covered by this Agreement are the sole responsibility of the Parent/Guardian. DLNR is not responsible for these costs.

The Parent/Guardian acknowledges and agrees that such information is normally private and confidential but authorizes its disclosure to DLNR personnel for the limited purpose of protecting the health and safety of the Minor Participant during volunteer or field trip activities.

ACKNOWLEDGMENT

The Parent/Guardian certifies that the information provided on this form is accurate and complete to the best of their knowledge. The Parent/Guardian agrees to notify DLNR of any changes to the Minor Participant's medical condition, medications, allergies, or other health information that may affect the Minor Participant's ability to safely participate in volunteer or field trip activities.

Signature of Parent/Legal Guardian

Date