



County of Maui
Department of Parks & Recreation
Community Classes
Participant Registration Form

Participant Name: _____ Age: _____ Date: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Class Registering For: _____ Instructor Name: _____

Facility Name: _____ Day/Time: _____ / _____ Fees: \$ _____

Email Address: _____

In Case of Emergency Contact: _____ Contact Number: _____

Access Statement

The County of Maui does not discriminate on the basis of disability in admission, access to, or operation of its programs, service, or activities.

The County of Maui does not discriminate on the basis of disability in its hiring or employment practices.

	<p>We are committed to making all of its programs and leisure services accessible to everyone including persons with disabilities. Do you have need for <u>reasonable modifications</u>? ____ Yes ____ No</p> <p>*If answered YES, please fill out additional Consent to Release/Obtain Information Form. Mahalo.</p>
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Question, concerns, complaints, or requests for additional information regarding compliance with the Americans with Disabilities Act may be forwarded to:

Richard Antone
 700 Halia Nako Street #2, Wailuku, HI 96793
 (808) 270-1792 voice (808) 463-3895 fax
Richard.antone@co.maui.hi.us

Release and Covenant Not to Sue

In consideration of the permission granted to me by the Department of Parks and Recreation of the County of Maui, State of Hawaii, to attend or participate in the above described activity I, the undersigned, hereby release the above named Instructor and the County of Maui, its officers and employees, from all actions, causes of action, damages, claims, or demands which I, my agents, successors, assigns, heirs, executors or administrators, may have against said Instructor or the County of Maui, its officers and employees, for the property damage and personal injury, including but not limited to claims for wrongful death, known or unknown, which may be sustained or incurred by my attendance or participation in the above described activity.

I also covenant, on behalf of myself and my agents, successors, assigns, heirs, executors or administrators, to never institute any legal action against said Instructor or the County of Maui, its officers and employees, or in any way aid in the prosecution of any claim or action for damages, costs, loss of services, expense or compensation, arising out of my attendance or participation in the above-described activity.

I, the undersigned, have read this release and Covenant Not to Sue and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

I HEREBY AGREE TO THE AFORESAID RELEASE AND COVENANT NOT TO SUE BY SIGNING MY NAME ON THIS FORM.

 Name

 Signature (Parent or Guardian if under 18)