The Kamehameha Schools Maui Campus is planning an activity which is described in detail below. This permission form must be signed only after understanding and considering the following:

**ACTIVITY PLANNED:**
Ka‘e‘hu (Neighborhood Place in Wai‘e‘hu)

**DATE OF ACTIVITY:**
Wednesday, May 22, 2013 (8:00 – 2:30P)

**PURPOSE OF ACTIVITY:**
Class Social #2

**SUPERVISION:**
Team 6 Core Teachers (Mrs. Kono, Mrs. Shiraishi, Mrs. Nitta, Mrs. G-Nip, Mrs. Pali, Ms. Vierra), Kumu Mike, Mrs. Casimano, Mrs. Nishida, Mr. Nishimitsu

**TRANSPORTATION:**
Akina Bus Service

**REQUIREMENTS:**
Please come dressed in team t-shirt, casual bottoms and shoes. All school rules apply. Home lunch & drink needed. Apply sunscreen and bring a snack.

**EXPECTATIONS AND INSTRUCTIONS:** I understand the student is expected to and has been instructed by me to do exactly what he/she has been told by the supervisors.

**INSURANCE:** I understand that the Kamehameha Schools does not carry any medical insurance relative to injuries to the student. I represent that the student has insurance through my own carrier.

I request that the abovenamed student be allowed to participate in the trip/activity planned and I hereby specifically consent to his/her participation.

If any emergency medical procedure or treatment is required during the trip, I consent to the trip/activity supervisor(s) taking, arranging for or consenting to the procedure for treatment in his, her or their discretion.

In consideration for allowing my child to participate in the above-described field trip/activity, I hereby release and waive, and further agree to indemnify, hold harmless and reimburse the Kamehameha Schools, its Trustees, employees and representative, from and against any claim which I, or any other person may have or claim to have, for any losses, damages or injuries arising out of the student’s participation in the trip/activity or the rendering of emergency medical procedures or treatment, if any.

PNARENT/GUARDIAN: (Print Name) DATE:

PARENT/GUARDIAN: (Signature) PHONE: Day Time

**PLEASE SIGN AND RETURN THIS FORM BY:** WED., MAY 15, 2013
to Ms. Vierra or Mrs. Kono