



**VISITING THE NASA INFRARED TELESCOPE FACILITY
ON MAUNA KEA**

Date

ASSUMPTION OF RISK AND RELEASE

I, THE UNDERSIGNED, hereby acknowledge I have read, completed and returned, the attached form/questionnaire on “Mauna Kea Health Cautions”. I also acknowledge that I have read the attached Information Bulletins giving “Mauna Kea Summit Information” and instructions on “How to have a Safe and Enjoyable Trip to the Summit”; and that I fully understand the safety and other rules and precautions that are part of the requirements for my visit to the NASA Infrared Telescope Facility (IRTF) on Mauna Kea and I agree to observe them.

In full recognition and appreciation of the risks to which I may be exposed, which are inherent in the visit to the IRTF and in the transportation to and from the summit of Mauna Kea, I do hereby agree to assume all risks and liabilities arising out of my participation in said visit or other activities undertaken as an adjunct thereto. I further do, for myself, my heirs, and personal representative(s) hereby agree to defend, hold harmless, release and forever discharge the University of Hawaii, its officers, agents, and employees from and against any and all claims, demands, actions, suits, damages or costs on account of damage to personal property, personal injury or death which may result from my visit to the NASA IRTF.

I further declare that I have read this document carefully and understand its contents.

IN WITNESS WHEREOF, I have caused this assumption of risk and release to be executed this _____ day of _____, 20____.

Participant’s Name

Participant’s Signature

Cosignature of parent or legal
Guardian if participant is under
18 years or age