

Osher Lifelong Learning Institute
Colleges of Arts and Sciences
Krauss Hall 113
(PMB #460 • 2440 Campus Rd)
University of Hawaii at Manoa
Honolulu, HI 96822

Medical Release and Liability Waiver

(Please read carefully before signing)

The undersigned hereby acknowledges that participation in this Osher Lifelong Learning workshop or course, _____, and related activities may involve a small but inherent risk of physical injury, and the undersigned hereby assumes all such risk and does hereby release and forever discharge the OSHER LIFELONG LEARNING INSTITUTE, the instructor, and the University of Hawai'i at Manoa and all agents thereof from any and all liability of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen, bodily and personal injuries, damage to property, and the consequences thereof, resulting from the registrant's participation in or involvement with this course. *It is strongly recommended that you obtain approval from your physician prior to participating in the activities of this course.*

Participant's name: _____

Address: _____

_____ Phone: _____

**In the event of an emergency, accident, injury, etc.,
please contact the person(s) below:**

Name: _____

Street Address: _____

City: _____ Zip: _____

Home phone: _____

Business phone: _____

If the above person cannot be reached, please contact:

Name: _____

Home phone: _____

Business phone: _____

Physician: _____

Telephone: _____

