



Athletic Department

Seabury Hall

Athletic Office
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Phone (808) 572-8394
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Assumed Risk Verification

In consideration of being allowed to participate in any way in the athletic program, and related events and activities I acknowledge and:

1. fully understand that each participant will be engaging in activities which involve risk of injury. The injury could be serious or catastrophic including permanent disability.
2. Assume the foregoing risks and accept personal responsibility for damages following such injury, permanent disability or death.

(Parent's signature)

(Date)

(Print Student's name)