





**Assumption of Risk, Release & Indemnity Agreement**

Name of Participant: \_\_\_\_\_

Age of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In consideration of the services of NALU Studies, The Pacific American Foundation, Hawai'i Community Foundation, the State of Hawai'i, University of Hawai'i, and all of the related entities, partners, agents, directors, advisors, officers, employees, representatives, volunteers, and all other persons acting on behalf of the entities listed above (collectively "NALU Studies"), I hereby AGREE AND CONSENT TO WAIVE AND RELEASE, to relinquish, and to forever discharge NALU Studies and its representatives on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate from any and all claims, any and all causes of action that I (we) have or may have, whether past, present or future, whether known or unknown, whether anticipated or unanticipated, as follows:

1. I understand that the activities I will engage in as part of the NALU Studies programs (the "Activities") involve conduct on, under, and/or around the ocean, streams, and mountain trails and that it is inherently dangerous, and that these Activities involve unknown and unanticipated risks and dangers which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to other people. I understand that the risks could include without limitation slips, falls, drowning, or other accidents and those they simply cannot be eliminated without jeopardizing the essential qualities of the Activities. The Activities on the ocean and the shore may require the use of surfboards and other equipment, as well boats and other ocean going vessels. These are also inherently dangerous.

Initial \_\_\_\_\_

2. I expressly agree to accept and assume all of the risks in the Activities which could include any and all risk of personal injury, death, and/or property damage. My participation in the Activities is purely voluntary. I voluntarily elect to participate in the Activities in spite of the risks and dangers.

Initial \_\_\_\_\_

3. I voluntarily release, forever discharge, and agree to hold harmless and indemnify NALU Studies and all other persons or entities acting in any capacity on its behalf from any and all claims, demands, or causes of action, brought against me or against NALU Studies, which are in any way connected with my participation in the Activities or my use of equipment or facilities, including without limitation any claims alleging negligent acts or omissions of NALU Studies or its agents or representatives, any injury or loss whatsoever suffered by me during the periods of independent travel (which I understand are unsupervised), any financial or other obligations or liabilities that I may personally incur during the course of the Activities, any intentional or unintentional damage or injury to persons or property caused in whole or in part by me, and any injury or loss that I myself may suffer.

Initial \_\_\_\_\_

4. Should NALU Studies or anyone acting on its behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to release, hold them harmless, and indemnify them for all such fees and costs.

Initial \_\_\_\_\_



5. I hereby grant to NALU Studies full authority to take whatever action it considers to be warranted in the case of a medical emergency, and I fully release NALU Studies from any liability for such decision or actions as may be taken in connection therewith. I authorize NALU Studies to place me, at my sown expense, in a hospital for medical services and treatment if necessary. I also certify that I have adequate medical and other insurance to cover any injury or damage I may cause or suffer while participating in the Activities. Alternatively, I agree to bear the full costs of such injury or damage myself.

Initial \_\_\_\_\_

6. I certify that I have no medical or physical conditions which could interfere with my safety or the safety of other in the Activities, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

Initial \_\_\_\_\_

7. I certify that I am qualified to swim in the open ocean.

Initial \_\_\_\_\_

8. While I am participating in the Activities, I agree that I will follow the instructions and direction of NALU Studies personnel at all times. I agree that NALU Studies shall have the right to enforce appropriate standards of conduct, and that it may at any time terminate my participation in the Activities for failure to maintain these standards or for any actions or conduct which NALU Studies considers to be incompatible with the interest, harmony, comfort and welfare of the Activities and the other students.

Initial \_\_\_\_\_

9. NALU Studies reserves the right to make cancellations, substitutions or changes in case of emergency or changed conditions or in the interest of each group. If performance of the Activities must be altered because of war, strikes, weather, government restrictions or regulations, act of god, or any other like reason, NALU Studies shall have the right to make such alteration or cancellation of part or all of the Activities as NALU Studies, in its sole discretion, deems necessary, and that only those funds I have paid to NALU Studies which have not actually used or committed will be refunded to me. NALU Studies shall determine the amount of any refund in each individual case, if any, at its sole discretion. I understand and agree that the provisions of this Agreement and Release, rather than the provisions of any other NALU Studies or University of Hawai'i publication concerning cancellation penalties shall control refunds.

Initial \_\_\_\_\_

10. If I use my own equipment, such as surfboards or snorkel equipment, I certify that this equipment has been properly maintained, is in good working condition, and that I am competent to use it in a safe and effective manner.

Initial \_\_\_\_\_

11. If I should ever file a lawsuit against NALU Studies, its representatives or agents, I agree to do so only in the State of Hawaii. I agree that the substantive law of the State of Hawaii shall apply regardless of any conflict of law rules that might provide otherwise. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Initial \_\_\_\_\_



12. I understand and agree that this Agreement and Release will continue throughout my participation in different NALU Studies Activities. Even if I am only now contemplating limited participation in the Activities, this Agreement and Release will be binding on me for any future NALU Studies Activities I may participate in as well.

Initial \_\_\_\_\_

I have had the opportunity to read this entire document. I have read and understood it. I agree to be bound by its terms.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Print) Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
(Print) Name of Witness

\_\_\_\_\_  
Signature of Witness

PARENT’S OR GUARDIAN’S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

As the Parent(s) or Guardian of \_\_\_\_\_ (print minor’s name) (“Minor”), I agree and consent to the terms and conditions set forth above. I release and discharge NALU Studies, its representatives or agents, and all others acting on their behalf, on behalf of myself, my children, my heirs, assigns, personal representative, and the Minor's estate for the right of the Minor being permitted by NALU Studies to participate in the Activities and to use NALU Studies’ equipment and facilities.

I release, hold harmless, and agree to defend and indemnify NALU Studies, its representatives, agents, directors, officers, volunteers, advisors, and all other persons or entities acting on their behalf from any and all claims brought by, or on behalf of the Minor, and which are in any way connected with such use or participation by the Minor in the Activities, effective this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Print) Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian



**Media Release Form**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

I, the undersigned, do hereby consent and agree that NALU Studies, The Pacific American Foundation, and its related entities, employees, and agents have the right to take photographs, videotape, or digital recordings of me and to use these in any and all media, now or hereafter. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to NALU Studies all rights to exhibit this work in print and electronic form publicly or privately. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used unless expressly prohibited for any particular type, event or activity that I have given prior written notification to NALU Studies.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that NALU Studies is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Print) Name of Participant

\_\_\_\_\_  
Signature of Participant

**IF PARTICIPANT IS A MINOR:**

As the Parent(s) or Guardian of \_\_\_\_\_ (print minor's name)  
("Minor"), I agree and consent to the terms and conditions set forth above.

\_\_\_\_\_  
(Print) Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian



## Signature Page

Please make sure you and your parents/guardians have read and fully understand the CODE OF CONDUCT and DANGEROUS ACTIVITIES forms on the NALU Studies website

Printed Name: \_\_\_\_\_

**I have read and understood the CODE of CONDUCT found at <https://drive.google.com/file/d/0B46uYS79B2D5cmtBMFVBY1hBbkE/view> for this laboratory and field experiential education program and I agree to adhere to the responsibilities, behaviors, and consequences listed above.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**I have read and understood the potential dangers inherent in this laboratory/field class found at <https://drive.google.com/file/d/0B46uYS79B2D5WXFkV1VUUUNMZEU/view> and I agree to adhere to the responsibilities listed above as well as the instructions given to me by the instructor when working in the laboratory or field.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



MEDICAL CONSENT FORM

PLEASE FILL OUT ONE OF THE FOLLOWING:

In the event of an emergency, I, \_\_\_\_\_ (Name of Parent/Guardian):

Consent to and authorize any medical doctor or dentist and others working under their supervision to treat:

\_\_\_\_\_ for any injury or illness. (Student's Full Name)

I further agree to pay any and all such dental and medical costs, expenses and charges and to release and discharge and hold harmless the University of Hawaii, its officers, employees, and agents from and against any liability or any claim or demand arising from or connected with such medical treatment or care. I understand that NALU Studies, the Pacific American Foundation, Kauai Community College, and the University of Hawaii, do not provide health or accident insurance or otherwise indemnify individuals with respect to injuries or other liabilities as a result of my participation in this activity.

DO NOT consent to or authorize any medical doctor or dentist or others working under their supervision to treat:

\_\_\_\_\_ for any injury or illness, (Student's Full Name)

I therefore agree to assume the risk of any injury or illness to:

\_\_\_\_\_ (Student's Full Name)

which may result from the lack of any medical care or treatment and further agree to release and discharge and hold harmless NALU Studies, the Pacific American Foundation, the University of Hawaii, their officers, employees, and agents from and against any liability and any claim or demand arising out of or in connection with said failure to provide any medical care or treatment. I understand that NALU Studies, the Pacific American Foundation, Kauai Community College, and the University of Hawaii, do not provide health or accident insurance or otherwise indemnify individuals with respect to injuries or other liabilities as a result of my participation in this activity.

\_\_\_\_\_  
Name of Parent/Guardian (Print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian (Print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Student (Print)

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date



**Medical Insurance Certification**

NAME \_\_\_\_\_ DOB \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

CHOOSE A or B

A. I, \_\_\_\_\_, certify to be on \_\_\_\_\_ medical plan which provides medical insurance coverage while participating in the NALU Studies program and herewith consent to have the above named company release information about my current membership status to NALU Studies, The Pacific American Foundation, Kauai Community College, Waipa Foundation, and the National Tropical Botanical Gardens.

MEMBERSHIP NUMBER \_\_\_\_\_

SUBSCRIBER'S NAME \_\_\_\_\_

INSURANCE EXPIRATION DATE \_\_\_\_\_

B. As I choose not to have medical insurance I, \_\_\_\_\_ certify that I (or my parent/guardian) will be fully responsible for any medical expenses, including medical evacuation costs (ambulance service) that I may incur while participating in NALU Studies.

I certify that the information that I have provided above is accurate and current.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**If you are under 18 years of age, your parent/guardian must complete the following:**

\_\_\_\_\_  
(Print) Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date





**Notification in Case of an Emergency**

In case of an emergency, please notify:

(Please type or print clearly)

NAME \_\_\_\_\_ Relationship \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER(S) \_\_\_\_\_

If unable to locate the person mentioned above, please contact:

(Address and phone number must differ from above)

NAME \_\_\_\_\_ Relationship \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER(S) \_\_\_\_\_

**Release of Claim by Parents/Guardian (Required only for students under 18 years of age)**

I certify that I am the parent or legal guardian of the above named student, and I have read the foregoing Agreement and Release (including such parts as may subject me to personal financial responsibility), Confidential Physician's Report, Medical Insurance Certification, Notification in Case of Emergency and "What is Leptospirosis?", and hereby relinquish any claim that I might have against the organizations or entities, NALU Studies, The Pacific American Foundation, Hawaii Community Links, Hawaii Community Foundation, The Harold K.L. Castle Foundation, University of Hawaii, the Hawaii Institute of Marine Biology, the State of Hawaii, or their agents, both in my own behalf and in my capacity as legal representative of the student, including without limitation any claim arising as a result of the student's leaving the supervision of the NALU Studies Environmental Education Program or at the time when the student has left the supervision of the Program.

Student Name \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Print) Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian





7. Does the student wear glasses or contact lenses? YES NO

8. For Female Students Only. Is the student pregnant? YES NO  
If pregnant, in your professional judgment should the student participate in the NALU STUDIES Program? If YES, please describe or list various types of pre-natal care, medical care, emotional support, and dietary needs, etc., that she will need.

9. List any known injuries, diseases, or operations:

Additional Comments/Concerns:

Physician's Certification

I have examined \_\_\_\_\_, and in my judgment, **s/he is / is not** (circle one) physically capable of participating in the NALU STUDIES Program.

In my judgment, \_\_\_\_\_ is in **good / poor** (circle one) physical and **good / poor** (circle one) emotional health, and should not be in need of / be in need of (circle one) any special attention during the NALU STUDIES Program for a serious problem concerning the student's physical or emotional condition. The injuries, operations and/or diseases mentioned in this report should not be the cause of any further problems during program activities. Medically, I **recommend / do not recommend** (circle one) that the student participate in the NALU STUDIES Program.

\_\_\_\_\_  
M.D. Date: \_\_\_\_\_

\_\_\_\_\_  
(Name of Physician, Please Print)

Address:  
\_\_\_\_\_

\_\_\_\_\_  
Phone: \_\_\_\_\_

Please mail the completed form to:  
NALU Studies  
45-285 Kane'ohe Bay Drive #102  
Kane'ohe, HI 96744

**Waiver for Field Trips or Group Visits to Waipā**

55-785A Kuhio Hwy., Hanalei, HI 96714

Managed by the Waipā Foundation Phone (808)826-9969

Fax (808)826-1478 www.Waipāfoundation.org

Date of Activity: 11/05/16 and 11/14/16 Class or Group Name: NALU Studies

To be completed by anyone visiting and/or participating in activities at this Kamehameha Schools Property:

**PLEASE READ BEFORE SIGNING**

By signing below, I recognize and acknowledge, that there may be hazards and risks in visiting at/nearby the KS property including, for example, but not limited to, activities such as working and cleaning in or around any water feature such as a lo‘i or fishpond, a stream or the ocean. I understand that Waipā Foundation and the Trustees of the Estate of Bernice Pauahi Bishop (“KS”) give no assurance that the property is without risks, and do not assume responsibility for injury to any person or property, no matter who or what causes the injury.

In exchange for me being able to visit and take part in activities, and, for and on behalf of myself, I release and discharge the Released Parties listed below from all claims and demands for injury, loss or damage, arising out of, or in connection with my visit to the identified KS property and its surrounding area, even if the injury, loss or damage was caused by such person(s) or others. The persons I am releasing include The Waipā Foundation and their respective staff, directors, and board members, as well as KS and their respective trustees, officers, directors, employees, agents, and representatives (collectively, the Released Parties).

Some or all of the activities at the identified KS property that I may participate in may be covered by the Hawai‘i Recreational Statute (HRS Chapter 520) and, if so, this waiver will apply only to the extent it may provide broader protections and a broader release to the Released Parties.

I also agree that I assume full responsibility for any injury or damage to myself, or other persons or property that I may cause.

|   |  |           |                              |          |            |
|---|--|-----------|------------------------------|----------|------------|
| <b>Print your name and other information</b><br><br><b>(required by Kamehameha Schools)</b> | Are you Native Hawaiian? (Optional)<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No   |           | _____<br>Name (please print) |          |            |
|   | I am a(n):<br><input type="checkbox"/> Post-high school/college student<br><input type="checkbox"/> Parent/caregiver<br><input type="checkbox"/> Educator<br><input type="checkbox"/> Kupuna<br><input type="checkbox"/> Other _____ |           | _____<br>Signature           |          |            |
| First Name  | MI   | Last Name | Gender (M/F)                 | Zip Code | Birth date |

**Please fill out all information above. It is required unless otherwise noted. Mahalo!**

|                                 |       |
|---------------------------------|-------|
| <input type="checkbox"/> Fall   | Year  |
| <input type="checkbox"/> Spring |       |
| <input type="checkbox"/> Summer | _____ |

**University of Hawai'i  
Kaua'i Community College  
NALU Studies Program  
Kama'aina Application Form**

Social Security No: \_\_\_\_\_ Legal Name: \_\_\_\_\_  
Last
First
MI

Mailing Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Street/PO Box
City
State
Zip Code
 Home
 Cell

Permanent Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Street/PO Box
City
State
Zip Code

Female      Birth Date \_\_\_\_\_       US Citizen      Birth Place \_\_\_\_\_      I have Hawaiian Ancestors  
 Male      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_       Permanent Resident      \_\_\_\_\_       Yes       No  
Other \_\_\_\_\_ specify country
State/ Country

Ethnicity (check one)      Race (circle one or more)      High School Name: \_\_\_\_\_  
 Not Hispanic or Latino      AA AI CA CH FI GC HW IN JP      \_\_\_\_\_  
 Hispanic or Latino      KO LA MC OA OP SA TH TO VI      Expected Graduation Date: \_\_\_\_\_  
(see back for code definition)
(month/year)

**RESIDENCY DECLARATION**  
*Further documentation may be requested to clarify residency*

**Residency is Based on (check one):**  
 Parent since I am 18 or younger (Parent name): \_\_\_\_\_  
 My Legal Guardian (attach court order)

**Parent/Legal Guardian claim legal residency in the State of Hawai'i:**  
 Yes       No

**Parent/Legal Guardian has been present in Hawai'i continuously for the last 13 months:**  
 Yes       No

**Parent/Legal Guardian has worked in Hawai'i for the last 2 years:**  
 Yes  
 No, date last employed in Hawai'i (month/year): \_\_\_\_\_

**Parent/Legal Guardian registered to vote in the State of Hawai'i:**  
 Yes  
 No

**Parent/Legal Guardian voted in the last election in the State of Hawai'i:**  
 Yes  
 No

**Parent/Legal Guardian is one of the following:**  
 US Citizen  
 Permanent Resident  
 Other (specify country): \_\_\_\_\_

**Parent/Legal Guardian is one of the following:**  
 Not in the military  
 Formerly US Armed Forces stationed in Hawai'i, discharged date: \_\_\_\_\_  
 Active duty in US Armed Forces stationed in Hawai'i  
     o (submit orders)  
 Active Hawai'i National Guard or Hawai'i-based Reserves  
     o (submit orders)

*Refer to [kauai.hawaii.edu](http://kauai.hawaii.edu) for important program information, residency Rules and Regulations, policies, procedures, and deadlines.*

**Applicant's Certification**

I certify that the responses provided on this Application Form are complete and true to the best of my knowledge and belief. I understand that providing incomplete, incorrect, or false information may result in the rescission or denial of my admission and subject me to the requirements and/or disciplinary measures as provided under the University's Student Conduct Code. I agree to produce certified documents relative to the determination of my residency status upon request and that the provision of incorrect information regarding my residency declaration will also subject me to the requirements and/or disciplinary measures provided for in the University's rules and regulations governing the determination of residency for admission and tuition purposes. Further, I understand that the UH System shares a common database and information pertaining to me may be accessed by all UH campuses.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS FOR ETHNICITY AND RACE SECTIONS**

The gender, ethnic background and race of each applicant is collected for data-gathering and state and federal report purposes. It may also assist in the awarding of diversity scholarships. This information does not affect the determination of admission.

**ETHNICITY:** Check the appropriate box on the application. Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**RACE:** Select one or more of the following and circle the code(s) in the appropriate box on the application.

**Native Hawaiian or Pacific Islander:**

- HW** Native Hawaiian/Part-Hawaiian/ Mixed Hawaiian
- SA** Samoan
- TO** Tongan
- GC** Guamanian or Chamorro
- MC** Micronesian
- OP** Other Pacific Islander

**Asian:**

- CA** Caucasian or White
- AA** African American or Black
- AI** American Indian/Alaskan Native
- IN** Asian Indian
- CH** Chinese
- FI** Filipino
- JP** Japanese
- KO** Korean
- OA** Other Asian
- KO** Korean
- LA** Laotian
- TH** Thai
- VI** Vietnamese

**APPLICATION REQUIREMENTS**

The following are required for application to the UH Community College. Applications will not be considered for admission if required documents are not submitted. All documentation is the property of the University of Hawai'i and will not be released.

**1. Application Form**

2. \$25 Application fee, nonrefundable, nontransferable, is required of **nonresident** applicants (except for members of the U.S. Armed Forces or the dependents of such members, stationed in Hawai'i, on active military duty).

3. High School Transcript - Community College applicants: A transcript is required by certain programs. The campus will inform you if it is required.

4. The Community Colleges require transcripts only if you wish to transfer those credits.

You must have official transcripts from EACH non-UH school sent directly by EACH school to the Admissions Office. Transcripts sent via fax or personally delivered/mailed are not acceptable. If you are applying for the fall semester, the transcript should include all courses completed through the previous fall semester. If you are applying for the spring semester, the transcript should include all courses completed through the previous summer.

Transcripts of courses taken at any of the ten UH campuses need not be sent.

**ADDITIONAL REQUIREMENTS FOR INTERNATIONAL APPLICANTS OR NON-NATIVE SPEAKERS OF ENGLISH**

Please contact the campus admissions office for application deadlines. International applicants on non-immigrant visas are required to submit these additional items to be considered for admission:

1. Supplementary Information Form for International Applicants (available from the Admissions Office or on the web at [www.hawaii.edu/admissions/international.html](http://www.hawaii.edu/admissions/international.html)).
2. Test of English as a Foreign Language (TOEFL) score. Visit: [www.toefl.org](http://www.toefl.org) or write to Educational Testing Service, Box 899, Princeton, New Jersey 08540, to apply for the test and to have your score sent directly to the Admissions Office. Applicants who are non-native speakers of English are required to submit the TOEFL score.
3. High school or any college transcripts, translated and certified by a school or U.S. consular official.
4. External exam score (GCE O, A, etc.), translated and certified by a school or U.S. consular official.

**USE OF SOCIAL SECURITY NUMBER:**

The University of Hawai'i ("University") is committed to safeguarding the privacy of personal and confidential information of its students, employees, alumni, and other individuals associated with the University. In the normal practice of conducting official University business, the University collects and maintains confidential information relating to its students, including a student's Social Security Number (SSN). The University requests that a student provide a SSN at the time of application to the University. The SSN is not required for enrollment, however, the University is required by federal law to report to the Internal Revenue Service ("IRS") the SSN and other information for tuition-paying students. Federal law also requires the University to obtain and report to the IRS the SSN for any person to whom compensation is paid. Due to the practical administrative difficulties which the University would encounter in maintaining adequate student records and processing financial transactions without the SSN, the University will continue to collect SSNs as permitted by law for official use within the University system. Providing the University with your SSN ensures that University programs and services are available with the least delay.

Students will be assigned a University-generated student identification number upon enrollment, which will be used as the primary identifier. The SSN will not be used as the primary identifier of students associated with the University. The SSN will be used in activities, including but not limited to, matching and reconciling documents in order to determine eligibility for admission and financial aid, to determine residency for tuition purposes, to comply with federal and/or state law reporting requirements (e.g. for financial aid, Internal Revenue Service mandates, Taxpayer's Relief Act of 1997, USCIS), and in accordance with the Family Educational Rights and Privacy Act. The SSN will not be disclosed to any persons outside the University system, except as allowed by law or with permission from the individual. This policy does not preclude, if a primary means of identification is unavailable, the University from using the SSN as needed to conduct official University business.

**NON-DISCRIMINATION AND AFFIRMATIVE ACTION:**

The University of Hawai'i is an equal opportunity/affirmative action institution and is committed to a policy of nondiscrimination on the basis of race, sex, gender identity and expression, age, religion, color, national origin, ancestry, disability, marital status, arrest and court record, sexual orientation, or status as a covered veteran. This policy covers admission and access to, and participation, treatment, and employment in the University's programs, activities, and services. For more information on equal opportunity policies, Title IX and ADA/Section 504 Coordinators, and University complaint procedures, visit the following website: [www.hawaii.edu/eeo](http://www.hawaii.edu/eeo) or contact: University of Hawai'i, System Office of Student Affairs, 2444 Dole Street, Honolulu, Hawai'i 96822, Phone: (808) 956-8753

**SELECTIVE SERVICE REGISTRATION OF MALES 18 THROUGH 25**

Males aged 18 - 25 are required by federal law to register with the Selective Service. Registration can be done via the web at [www.sss.gov](http://www.sss.gov).

**EMPLOYMENT OF GRADUATES:**

Section 177.64 of the Rules and Regulations Governing the Guaranteed Loan Program (20 U.S.C. 1071 through 1087-1) requires that participating institutions make a good faith effort to present each prospective student, prior to the time the prospective student obligates himself or herself to pay tuition with a complete and accurate statement about the institution, its current academic or training program, and its faculties and facilities, with particular emphasis on those programs in which the prospective student has expressed interest. Further, in the case of an institution having courses of study, the purpose of which is to prepare students for a particular vocational, trade or career field, such statement shall include information regarding the employment of students enrolled in such courses, in such vocation, trade, or career field.

Accordingly, an applicant (prospective student) is advised to secure copies of the current catalog of each of the campuses of the University of Hawai'i at which the applicant is seeking admission in order to gain information describing the nature of the campus, its academic and student service programs, its faculties, and its facilities. Further, each applicant is advised to contact the Director of Placement at each of the campuses of the University of Hawai'i at which the applicant is seeking admission in order to gain information describing the potential for employment of applicants who enroll in the programs in which the applicant is seeking also to enroll.

Information on campus security is available upon request from the campus security office or Admissions Office

The refund policy is available upon request from the campus Business Office.

**GRADUATION AND PERSISTENCE RATES OF FALL COHORTS**

The table shows the percentage of full-time, first-time, certificate or degree-seeking undergraduates entering in fall semesters who have graduated or are still enrolled.

The rates are 6 years after entry for UH-Mānoa and UH-Hilo. For the UH-Community Colleges, the rates are for cohorts completing within 150% of normal time to completion. All rates are average rates for cohorts noted.

|  | <b>Graduation</b> | <b>Persistence</b> |
|--|-------------------|--------------------|
| Six years after entry, 2007 cohorts:                               |                   |                    |
| University of Hawai'i at Mānoa                                     | 57%               | 6%                 |
| University of Hawai'i at Hilo                                      | 36%               | 6%                 |
| University of West O'ahu   | 25%               | 6%                 |
| Completing within 150% of normal time to completion, 2010 cohorts: |                   |                    |
| UH Community Colleges  | 14%               | 20%                |
| Hawai'i Community College  | 19%               | 15%                |
| Honolulu Community College   | 13%               | 16%                |
| Kapi'olani Community College                                       | 15%               | 18%                |
| Kaua'i Community College   | 16%               | 23%                |
| Leeward Community College  | 12%               | 24%                |
| Maui College   | 14%               | 21%                |
| Windward Community College   | 12%               | 19%                |

This information is provided for the Student Right-to-Know Act, Public Law 101-542. It provides a partial description of the graduation and enrollment patterns of students. Source UH Institutional Research and Analysis Office, February 2014.

Fall 2016

University of Hawai'i  
Kaua'i Community College  
NALU Studies Program  
Dual Credit Application Form

Student's Name: \_\_\_\_\_  
Last First MI

Mailing Address: \_\_\_\_\_  
Street/PO Box City State Zip Code

Phone: (\_\_\_\_) \_\_\_\_\_  Home  Cell Email: \_\_\_\_\_

High School: \_\_\_\_\_ Expected Graduation Year: \_\_\_\_\_

Class:  Freshman  Sophomore  Junior  Senior

Residency:

- U.S. Citizen
- Resident Alien (copy of card required)
- Foreign Student (additional forms required, see your high school counselor)

Qualifies as (see back for details):

- Not Economically Disadvantaged
- Economically Disadvantaged

| Course    | Credits | Location       | Campus                  | Source of Funding               |
|-----------|---------|----------------|-------------------------|---------------------------------|
| BIOL 110V | 1       | College Campus | Kauai Community College | The Pacific American Foundation |

1. The University of Hawai'i and the high school reserves the right to determine admission to the university/college and/or registration in certain classes.
2. The high school is the final authority on high school graduation requirements. Students must work closely with a high school counselor to ensure that graduation requirements are met. It is understood that it is the student's responsibility to ensure that the college course(s) completed as part of the dual credit program will also meet high school graduation requirements.
3. The parent/guardian and student understand that if the student does not successfully complete the dual credit courses, the student may not meet high school graduation requirements.
4. The student and/or parent/guardian may be responsible for tuition and campus fees, books and consumable supplies, laboratory fees, transportation, and any other related educational expenses.
5. The parent/guardian and the student understand that the student is expected to participate fully in all course activities, including labs, which may involve being exposed to alternative viewpoints that may include material of an adult nature.
6. The parent/guardian and student understand that the Hawai'i State Department of Education is not liable for the student's health and safety when the student has left the high school campus.
7. The parent/guardian and student understand that students in the dual credit program have the same rights and responsibilities as any other University of Hawai'i college student.
8. Where applicable, the student gives permission for the University of Hawai'i campus to release registration information, grades, placement test scores, student academic progress, attendance, and on track completion of coursework to his/her high school administrator(s) and/or counselors.
9. As the parent/guardian, I give permission to the Hawai'i State Department of Education to verify the socioeconomic status of my child to the University of Hawai'i for the purpose of determining scholarship eligibility.

My signature on this form constitutes acceptance and approval of the statements listed above.

\_\_\_\_\_  
Student Signature Date Parent/Legal Guardian Signature Date

This student is enrolled at a Hawaii public school, is under the age of 21 as of September 1st of the school year that the college course will be taken, and will comply with the DOE and college's requirements.

\_\_\_\_\_  
High School Counselor Signature Date Principal Signature Date

**Qualifies as:**

- Not Economically Disadvantaged - You are NOT currently receiving free or reduced lunch, or the equivalent for schools not participating in the National School Lunch Program.
- Economically Disadvantaged - You are currently receiving free lunch, reduced lunch, or the equivalent for schools not participating in the National School Lunch Program, or participating in the Supplemental Nutrition Assistance Program (SNAP) or the Temporary Assistance for Needy Families (TANF) program.

You must be economically disadvantaged AND a U.S. citizen or resident alien to apply for a GEAR UP Scholarship. If you will be participating in an early college class, you must be a U.S. citizen or resident alien (i.e. permanent resident) for GEAR UP Hawai'i and/or Hawai'i P-20 to pay for your participation in this class (based on federal funding limitations). Please ask your high school counselor if you aren't sure if this situation applies to you.





ASSUMPTION OF RISK AND RELEASE

(Laboratory, Apprenticeship, Practicums, Clinical, Intramural Athletics, etc.)

Name of Course/Activity:   NALU Studies  

Semester/Year: \_\_\_\_\_

I have read and fully understand the written safety procedures and precautions that are part of the requirements for my participation in the above referenced course/activity, as well as those explained to me by my instructor(s), and I agree to strictly observe them; and I do for myself, my heirs, executors, and administrators hereby accept full responsibility for and indemnify, release, and discharge the University of Hawaii, its officers, agents, and employees from any and all claims or actions for property damage and/or personal injury which may result from my failure to abide by these safety procedures and precautions, or from any inherent risks in the course/activity.

IN WITNESS WHEREOF, I have caused this release to be executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Student's Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent/Guardian's Name (Print)

\_\_\_\_\_  
Cosignature of parent or guardian (required if student is under 18 years of age)

## KAUA'I COMMUNITY COLLEGE – HEALTH CLEARANCE FORM

- Instructions:
- 1) Please read and complete the sections below and sign; return to the above address.
  - 2) Turn in TB and MMR documents or this Health Clearance Form before registration.
  - 3) Information below must be completed by a physician/clinic in the United States OR clear photocopies of your TB and/or MMR immunization or test results must be submitted.

Name: \_\_\_\_\_  
Last First Middle

UH Number: \_\_\_\_\_ or UH Email: \_\_\_\_\_@hawaii.edu

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

### Tuberculosis (TB) Examination

- Test must have been given within 12 months prior to the first day of instruction.
- Examination may be a tuberculin skin test or chest x-ray.
- Certificate may be issued by the Hawai'i Department of Health or a U.S. licensed MD, DO, APRN, or PA.
- The certificate must include:
  - a. dates of administration and reading of the skin test
  - b. measurement in millimeters of the raised skin reaction
  - c. signature or stamp of the MD, DO, APRN, PA, or clinic

**For Physician's/Clinic's Use Only:**

|  |                         |                  |                        |
|--|-------------------------|------------------|------------------------|
| TB (PPD-MANTOUX)                       | Date given: _____       | Date read: _____ | Results (in mm): _____ |
| <i>OR</i>                              |                         |                  |                        |
| CHEST X-RAY (if skin test is positive) | Date x-ray taken: _____ | Results: _____   |                        |

Printed name of Physician/Clinic: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Official Signature: \_\_\_\_\_ Official Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

### Measles, Mumps and Rubella (MMR) Immunization

- Two doses of Measles vaccine are required, with at least one of the two being Measles-Mumps-Rubella (MMR) vaccine.
  1. Proof of initial measles clearance is required for the first semester.
  2. Second measles clearance must be submitted prior to registration for the subsequent semester.
- OR*
- Blood test showing laboratory evidence of immunity to measles, mumps and rubella signed by a U.S. licensed MD, DO, APRN, or PA may be substituted for a record of immunizations.

MMR required of individuals born after 1956, or foreign immigrant. Record must include complete dates (month/day/year) for each immunization.

|                             | DATE OF IMMUNIZATION |              | Positive IgG Blood Test Results for Mumps Measles Rubella (MMR) |
|-----------------------------|----------------------|--------------|---|
| <b>VACCINE</b>              | <b>#1</b>            | <b>#2</b>    |   |
| Measles <i>OR</i>           | / /                  | MMR Required |   |
| Mumps Measles Rubella (MMR) | / /                  | / /          | Attach a photocopy signed by M.D. or R.N.                       |

MD, APRN or RN Signature: \_\_\_\_\_ Official Stamp: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone No.: \_\_\_\_\_