



**Huaka'i Aotearoa**  
**February 17 - 25, 2025**

## **Assumption of Risk & Liability Waiver**

I, (please print) \_\_\_\_\_  
acknowledge that I am voluntarily participating in the Huaka'i Aotearoa from *February 17-25, 2025*, organized by Huliauapa'a, a non-profit organization.

I understand that this trip involves physical activity and appreciate the risks, including serious injury and death, involved with undertaking such activity. I am prepared to assume the risks associated with this trip, including, without limitation, physical exertion, equipment malfunction, accidents, forces of nature, and the actions of persons without affiliation to Huliauapa'a.

I agree to take full responsibility for my own actions, safety, and welfare. I also understand that I will be a member of a group and will conduct myself in a way that will not endanger the group or myself. I represent that I am physically fit for this trip; if this is not so, I may be removed prior to the trip without recourse against Huliauapa'a.

I further hereby release and discharge Huliauapa'a and its agents and employees from and against any and all liability, including any losses, damages or injuries, arising from my participation in the Huaka'i Aotearoa. I agree that this release will be legally binding upon me, my heirs, successors, assigns, and legal representatives; it being my intention to fully assume all risk of the trip and to release Huliauapa'a from any and all liabilities to the maximum permitted by law.

**BY AFFIXING MY SIGNATURE TO THIS FORM, I ACKNOWLEDGE THAT I  
HAVE READ AND CONSENT TO THE ABOVE.**

Print Intern Name: \_\_\_\_\_

Intern Signature \_\_\_\_\_

Date \_\_\_\_\_



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