

# Kaho'olawe Island Reserve Commission



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811 Kolu St., Suite 201, Wailuku, HI 96793 • ph. 808-243-5020 • fx. 808-243-5885

## Safety Information Briefing PLEASE READ CAREFULLY

### Helicopter Safety

- Shoes, long pants, sleeved shirt, and eye protection are required.
- Always approach and depart aircraft from the front. **Never** go to the rear of the aircraft. Maintain eye contact with the pilot and follow his/her directions.
- Do not step on the skid when boarding. Use the foot steps.
- When inside the cabin, lock door handles, fasten seatbelt, and put on headphones. When exiting, re-buckle and be sure nothing is dangling outside. Lock doors securely.
- Carry all equipment at hip level, never on shoulders or above the head. Never throw anything towards the helicopter.
- Never put anything near or out of the window. All loose objects should be stowed away in your baggage. No hats are to be worn.
- Life vests are provided, but do not wear or inflate them unless directed by the pilot.

### On-Island Safety

- When leaving Honokanai'a, always wear shoes, long-pants, and a sleeved shirt.
- Protect yourself against sunburn.
- Drink plenty of water. Strong winds and intense sun can cause rapid dehydration.
- Walk carefully. Loose rocks, uneven terrain, and soft sands can cause ankle and leg injuries.
- Be aware of thorny kiawe trees.
- Be aware of bees and other stinging insects and jellyfish. Keep medication on self *at all times*.
- Be aware of fire hazards. Smoke in designated areas and as directed by KIRC staff. Do not park vehicles in tall grass.
- Know your location on-island in case of emergencies.
- At Honokanai'a, radio should be set to "Camp 1;" up ma uka, radio should be set to "Hale 1;" and when facing the island of Lāna'i, radio should be set to "Lanai 1."
- In case of a major medical emergency use the Code Red procedure. Be sure radio is set as stated above and say: "KIRC Base, this is XXXX, we have a CODE RED." Release the talk button and await further instructions.

- If "Code Red" is heard on the radio, stop all work and radio communications and await further instructions.
- Do not touch any metal, plastic, cloth, string, or cables; Unexploded Ordnance (UXO) can be hard to detect.
- Red flagging represents a UXO item. Do not touch.
- Stay within designated safe areas. If you are working in a hazardous area, follow the UXO Technician's directions.
- **IF YOU DIDN'T DROP IT, DON'T PICK IT UP!**

### Island Rules

- Everything from the land and sea remains on the island.
- Assist in preventing the introduction of animals, fish or plants.
- All natural resources are to be left in their natural state: Do not destroy, deface or remove any natural resource.
- Protected marine mammals are to be avoided (turtles, seals).
- Culturally responsible and respectful conduct by all personnel is expected.
- All archaeological, historical, cultural and religious objects are to remain on Kaho'olawe.
- Sites known to be historically, culturally or religiously sensitive shall be avoided.
- Cultural activities occurring on Kaho'olawe shall not be interfered with.
- All archaeological, historical, cultural and religious sites and areas shall be left in their natural state: Do not destroy, deface or remove any cultural feature.
- Respect others and their property.
- No commercial activities are allowed in the Reserve or with resources from the Reserve.
- No gambling activities are allowed.
- Stay in safe and authorized work areas. No wandering.
- No firearms, bow and arrows, pellet guns, spear guns, slingshots, and the like are allowed.
- No fireworks are allowed.
- Smoking is allowed only in designated areas.
- Narcotics, illegal drugs, and alcohol are strictly prohibited.

**I have read and fully understand the expectations and responsibilities of this safety briefing. I also understand that the failure to abide by this agreement may result in my or my child's dismissal or removal from the island at my expense.**

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NAME (please print)

GROUP NAME (if applicable)

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SIGNATURE

DATE

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SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

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## Release of Liability

### PLEASE READ CAREFULLY

I have requested the Kaho'olawe Island Reserve Commission to allow me or my child to enter the island of Kaho'olawe. I agree and acknowledge that my or my child's SAFETY IS at moderate risk and that I accept RESPONSIBILITY. I further acknowledge that I have been instructed to follow all safety instructions both written and verbal. I fully understand, and by my signature acknowledge that:

- (1) I understand that the island of Kaho'olawe was used from 1941 to 1990 as a live ordnance military training complex; that the island and its waters were used by the United States and its allies as a live ordnance impact training area; that the ENTIRE ISLAND IS DANGEROUS AND UNSAFE due to the presence of surface and subsurface UNEXPLODED ORDNANCE; that there may be hazardous conditions and ordnance on and under the surface of the island and in the waters surrounding the island; and that unexploded ordnance may explode near me or my child which could cause serious bodily harm, injury or death.
- (2) I understand that the roads and trails on the island of Kaho'olawe are extremely rough and rugged; and that the old former military vehicles used on these roads and trails are old, have exposed metal surfaces, do not include typical vehicle safety features, and may break down while some distance from airlift support. I understand that if I or my child ride in any of these vehicles while on the island, I, he, or she MAY BE INJURED and that if the vehicle breaks down, I, he, or she may be required to walk a significant distance for support.
- (3) I understand that the buildings, boardwalks and pathways in the base camp are roughly-constructed, contain exposed metal surfaces, present many rough and uneven surfaces, and do not include typical safety features. I understand injury may result during their use.
- (4) I also understand that recreational swimming may take place at the beach areas of Kaho'olawe Island and that unexploded explosives may be present in the waters and also that sharks or

other natural dangers may be present. I further understand the risks presented by the currents, surf, and shoreline conditions. Additionally, I understand that certified lifeguards are not present and swimming is at the swimmer's risk.

Knowing that the island is dangerous and unsafe and that the pervasive presence of unexploded explosives present to me or my child A RISK OF SERIOUS BODILY HARM OR DEATH, I nevertheless permit myself or my child to go to the island of Kaho'olawe. Knowing that the vehicles and all areas of the island present a risk of injury, I nevertheless desire that I visit Kaho'olawe and visit sites in old former military vehicles. I voluntarily ASSUME THE RISK OF INJURY OR LOSS created by the presence of explosives and other hazardous conditions, which exist on the island. I voluntarily ASSUME THE RISK OF INJURY OR LOSS created by the existing condition of the road, trails, vehicles, water, and areas of the island. I voluntarily ASSUME THE RISK OF INJURY OR LOSS associated with helicopter and ocean going craft transportation. With full knowledge of the hazards, I RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS the State of Hawai'i and any and all of its officers, agents, and employees, for death or injury to me or damage to or destruction of any of my or my child's property resulting from the hazardous conditions previously listed, to include transportation to, from, on or in the island and waters of Kaho'olawe.

**In consideration of allowing me or my child the access which I have requested, I, for myself, my heirs, beneficiaries, executors and administrators, REMISE, RELEASE, AND FOREVER DISCHARGE the State of Hawai'i, and any and all of their officers, agents and employees, acting in their official capacity with due diligence, from any and all claim(s), demand(s), or cause(s) of action on account of my or my child's death or on account of any injury to my or my child's property which may occur from my or my child's negligence, hazards listed herein, or an unforeseeable mishap, during my or my child's access to the island of Kaho'olawe or incident thereto.**

### I have read and fully understand the KIRC Release of Liability

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SIGNATURE

DATE

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SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

I  GIVE  DO NOT GIVE my minor child permission to swim.

I have read and fully understand that swimming may take place without a lifeguard at my child's own risk.

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SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

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## Emergency Information Form

TODAY'S DATE

*Information Expires every 12 months*

FIRST NAME

LAST NAME

NICKNAME

<input type="text"/>	<input type="text"/>	<input type="text"/>
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MAILING ADDRESS

CITY

STATE

ZIP CODE

EMAIL

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PRIMARY TELEPHONE

SECONDARY TELEPHONE

T-SHIRT SIZE

<input type="text"/>	<input type="text"/>	<input type="text"/>
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AGE

WEIGHT (LBS)

BIRTHDATE

SEX:

BLOOD TYPE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="text"/>
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MEDICAL, PHYSICAL, OR MENTAL LIMITATIONS

PHYSICIAN STATEMENT RESTRICTION:

DATE OF RESTRICTION (S)

YES

NO

NATURE OF RESTRICTIONS

MEDICATIONS

ALLERGIES

FOOD RESTRICTONS/REQUESTS

MEDICAL PLAN

NUMBER

<input type="text"/>	<input type="text"/>
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DOCTOR'S NAME

DOCTOR'S PHONE NUMBER

<input type="text"/>	<input type="text"/>
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EMERGENCY CONTACT NAME

RELATIONSHIP

[Empty input fields for emergency contact name and relationship]

EMERGENCY CONTACT ADDRESS

[Empty input field for emergency contact address]

EMERGENCY CONTACT PRIMARY PHONE

EMERGENCY CONTACT SECONDARY PHONE

[Empty input fields for emergency contact primary and secondary phone numbers]

**I AM TRAINED IN:**

WATER RESCUE     CPR     FIRST AID    OTHER: [Empty input field]

**MEDICAL AUTHORIZATION:**

I hereby authorize the KIRC personnel on the island of Kaho‘olawe to render any necessary medical care to me in the event of an emergency. I further give my consent for the physicians on the active staff of the nearest (or the most appropriate) hospital to perform any emergency life saving care. This authorization shall be in effect as long as I am a volunteer with the KIRC on the island of Kaho‘olawe. Additionally, I understand that I am fully responsible for all medical costs that might be incurred.

[Empty input fields for signature and date]

SIGNATURE

DATE

**UNDER 18 YEARS OF AGE ONLY:**

PARENT OR LEGAL GUARDIAN NAME

[Empty input field for parent or legal guardian name]

PLEASE READ THE FOLLOWING VERY CAREFULLY AND SELECT FROM THE FOLLOWING OPTIONS BY PLACING A CHECK MARK IN THE BOX:

- My minor child will have no prescription medication with him/her and will not receive any prescription medication without a physician’s orders while he/she is on Kaho‘olawe.
- My child will bring prescription medication to Kaho‘olawe, and he/she will advise authorized KIRC personnel and his/her chaperone of the nature of and reason(s) for the medication.
- My child’s chaperone may administer non-prescription medications, or their equivalents, according to package instructions to my minor child if he/she complains of the symptoms for which the medication is intended.
- I expect to be contacted before my child’s chaperone administers any medication to my child.

**MEDICAL AUTHORIZATION:**

I hereby authorize the KIRC personnel on the island of Kaho‘olawe to render any necessary medical care to my child in the event of an emergency. I further give my consent for the physicians on the active staff of the nearest (or the most appropriate) hospital to perform any emergency life saving care. This authorization shall be in effect as long as my child is a volunteer with the KIRC on the island of Kaho‘olawe. Additionally, I understand that I am fully responsible for all medical costs that might be incurred by my child.

[Empty input fields for signature and date]

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE