



Na Pu'uwai
Native Hawaiian Health Care System
 PO Box 130 Kaunakakai, Hawaii 96748
 (808) 560-3653 • Fax (808) 560-3385

- Na Pu'uwai Fitness Center (808) 560-5848
- Na Pu'uwai Adult Day Care (808) 560-1068
- Na Pu'uwai - Lana'i • PO Box 630713 Lana'i City, Hawaii 96763 • (808) 565-7204 • Fax (808) 565-9319

RELEASE AND WAIVER

In consideration for the opportunity to submit my artwork and application to Na Pu'uwai's Integrative Health Center's drawing contest and for other good and valuable consideration, I irrevocably give Na Pu'uwai and its agents and contractors the right and permission to use, copy, alter, distribute, publish, broadcast, and display the artwork that I have submitted; photographs and images of me that I have provided or that they will create; my voice and likeness; my name; the city and state in which I live; and other information and material included in my application, for display at Na Pu'uwai or on the Na Pu'uwai website, elsewhere on the Internet, in advertising and promotional materials, and in any other medium or format for any purpose related to Na Pu'uwai's Integrative Health Center's drawing contest.

I waive any right to royalties or other payment for the use of my artwork, and I also waive the right to inspect or approve Na Pu'uwai's use of the artwork. I attest that there is no copyrighted material in my artwork.

I release and waive and agree to hold Na Pu'uwai, its agents, and its contractors harmless from any claims, damages, or liabilities resulting from their use of the artwork and I agree not to bring any such claims against the released parties at any time in the future. This includes, but is not limited to, claims for violation of publicity rights and privacy rights, claims based on moral rights, claims for intrusion, claims for defamation, claims for fraud, claims for infliction of emotional distress, and claims for copyright or other intellectual property infringement, whether those claims may be based on statutes or the common law.

I acknowledge that I understand the waiver described in this document. I am aware that this is a release of Liability and I sign it of my own free will.

 Artist Participant Signature _____
Date

 Parent/Guardian Signature _____
Date
(if under the age of 18 years, Parent or guardian must also sign)

Name (Artist): _____
 Address: _____ City: _____ State: _____
 Zip: _____ E-mail: _____ Phone: _____
No artwork will be considered for the contest or display without this signed form

PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent or natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the Waiver and Release set forth above.

 Print Participant's Name _____ _____ _____
Age Signature of Parent or Guardian Date