



WAIVER/RELEASE FORM

I/we, _____ parent(s)/legal guardian(s) of
_____ (hereinafter "minor"), hereby agree to assume full
responsibility for the payment of all debts incurred by the minor during his/her stay at the
Ohana Malia Hotel and to reimburse the Ohana Malia Hotel for any damages suffered by it due
to acts of the minor during that visit.

I/we further agree to release and hold harmless the Ohana Malia Hotel, Coastline Travel
Advisors and/or their subsidiaries, related and affiliated companies from and against all claims,
judgments, costs or other expenses arising out of bodily injuries or property damage suffered
by the minor during his/her stay and/or from activities of the minor during his/her stay.

I/we authorize the Aston Ohana Malia Hotel and/or Coastline Travel Advisors to procure at
my/our expense, any medical care reasonably required by the minor during his/her visit.

Parent/Guardian

Parent/Guardian

Date

Emergency Information:

Name _____

Address _____

Telephone _____

E-Mail Address _____

Insurance Information Provider/Policy#/Telephone

Please return this form to your group leader by February 28, 2015