

"Hikers –Waiver of Liability Form"

Print Name: _____ **D.O.B:** _____

Address: _____ **Cell Phone:** _____

The Kalaupapa Trail is rated by the National Park Service as "Level" 4; *difficult*. The trail is 3.2 miles in total distance and approximately 1,700 feet in elevation from top to bottom. Those who participate on the mule tour or hike must be physically fit. Elderly people, even in good health, should consider the fly-in package as the trail does pose a significant physical challenge.

In consideration of the trail use and services of **KALAUPAPA RARE ADVENTURE, LLC. (KRA)**, its officers, agents, employees, and all other entities associated with KRA:

I agree not to hold KRA liable or responsible for any illness or injury that may befall upon me during this hike and tour activity.

I further agree that my Medical Insurance will be the Primary Coverage if injured. If I am not insured, I accept full responsibility for any medical and/or transportation costs in the event of injury requiring medical attention.

I declare that I am at least 16 years old, in good health and above average in my fitness level.

MEDICAL INSURANCE: _____ **STATE/COUNTRY:** _____

Signature: _____ **Date:** _____

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