

RELEASE OF LIABILITY FOR MINOR AND PARENT OR CUSTODIAN OF MINOR ACCESS TO MAKUA  
MILITARY RESERVATION

(Any person under age 18)

(Standard release signed by the minor must accompany this release.)

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*This document does not constitute authorization to visit the Makua Military Reservation and PFC Pilila'au Range Complex. Such authorization must be obtained from the Commander or Commander's designee, United States Army Hawaii.*

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I have requested the United States Army Garrison Hawaii (USAG-HI) and the Makua Cultural Access Committee to allow my child, of whom I have custody and for whom I hold responsibility, to enter the Makua Military Reservation and PFC Pilila'au Range Complex.

I agree and acknowledge that MY CHILD'S PERSONAL SAFETY IS MY OWN RESPONSIBILITY AND MY CHILD'S RESPONSIBILITY and no one else's.

I fully understand, and by my signature acknowledge that I understand and that my child understands, that the Makua Military Reservation and PFC Pilila'au Range Complex (the "Reservation") is a live-fire maneuver training area, and that the Reservation has been used by the United States as a live-fire maneuver training area since 1942; that **THE ENTIRE RESERVATION 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 ground surface of the Reservation; and that unexploded ordnance may explode nearby to my child causing my child seriously bodily harm, injury and/or death.

I fully understand, and by my signature acknowledge that I understand and that my child understands, that the roads and trails on the Reservation are extremely rough and rugged. I fully understand, and by my signature acknowledge that I understand and my child understands, that if my child utilizes any of these roads or trails, MY CHILD MAY BE INJURED/KILLED.

Knowing that the Reservation is dangerous and unsafe and that pervasive presence of unexploded explosives presents A RISK OF SERIOUS BODILY HARM OR DEATH to my child, I nevertheless desire that my child go on the Reservation.

I voluntarily ASSUME THE RISK OF INJURY OR LOSS OF PROPERTY OR LIFE created by the presence of explosives and other hazardous conditions that exist on the Reservation. I, for myself and my child and my child's heirs, beneficiaries, executors, and administrators, RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS AND AGREE NOT TO SUE OR FILE ANY CLAIM(S) AGAINST the United States of America, the Department of the Army, the State of Hawaii and any and all of its officers, agents, and employees, for death or injury to me or my child, or damage to or destruction of any of my property or my child's property, resulting from the explosives or hazardous conditions, or acceptance of transportation on or in the Makua Military Reservation and PFC Pilila'au Range Complex.

In consideration of allowing my child the access which I have requested for my child, I do, for myself and my child, my heirs, beneficiaries, executors, and administrators and my child's heirs, beneficiaries, executors, administrators, guardians, and trustees, RELEASE AND FOREVER DISCHARGE the United States of America, the Department of the Army, the State of Hawaii and any and all of its officers, agents, and employees, whether acting in their official capacity or otherwise from any and all claim(s), demand(s), action(s), or cause(s) of action on account of my child's death, or on account of any loss or injury to my child or my child's property, which may occur from ANY of the above-mentioned causes during my child's access to the Makua Military Reservation and PFC Pilila'au Range Complex or incident thereto.

By signing below, I certify that I have lawful custody of the minor child reference above. I am aware that making a false statement may result in federal prosecution.

This release of liability is effective for the access period commencing \_\_\_\_\_ and ending \_\_\_\_\_.

CHILD'S NAME (PRINT) \_\_\_\_\_ AGE \_\_\_\_\_

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PARENT'S NAME (PRINT) or CUSTODIAN'S NAME (PRINT) \_\_\_\_\_ DATE \_\_\_\_\_

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PARENT'S NAME (SIGNATURE) or CUSTODIAN'S NAME (SIGNATURE) \_\_\_\_\_ DATE \_\_\_\_\_