



# THE DIGITAL BUS ADULT WAIVER



Participants must read and sign this form PRIOR to participating in a project or program with The Digital Bus.

Dear Participant,

Mahalo (thank you) for supporting The Digital Bus Program. Our mission is to cultivate skills and interest in science & technology among the youth of Hawai'i. During a Digital Bus project you will utilize cutting edge technology & science equipment on board the Digital Bus and/or in the classroom. Some projects involve field-based research, in which case the classroom teacher will provide additional field trip permission forms and transportation arrangement information. \*Please note The Digital Bus does not transport children. It is a mobile science and technology classroom which students use only while the bus is parked.

**SECTION A: To be completed by the Teacher**

Print Teacher Name:	School/Organization:
Project:	Island: <input type="checkbox"/> Maui <input type="checkbox"/> Moloka'i

\_\_\_\_\_ (initial here). As the supervising organizer from the school/organization mentioned above, I will maintain supervision responsibilities of students during The Digital Bus Projects.

**SECTION B: To be completed by the Participant**

Print Participant Full Name:	Date(s) Participated:
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I will participate in activities on and relating to The Digital Bus. I understand that I will not be riding on The Digital Bus for transportation purposes, but that I will instead use The Digital Bus to participate in technology and science related learning activities. I understand these activities will take place on the bus, in nearby outdoor settings, and the school classrooms. I understand that any inappropriate or unacceptable conduct during my access to and use of The Digital Bus, including inappropriate use of the internet, shall be grounds for revoking or suspending my access to and use of The Digital Bus. Furthermore, I understand that such conduct may result in additional discipline as determined by the sponsoring organization.

**SECTION C: MEDIA/PUBLICATION RELEASE *Signed letter of reason must be attached if opting out of the Photo/Publication Release.***

**Permission for Publication:**

I understand and agree that my work created or otherwise generated & photo/video while using the Digital Bus could be published on the Internet at the sole discretion of the program. I understand and agree that my picture/video taken while participating in the Digital Bus project could be published either in print (i.e. brochures, fliers, newspaper) and/or on the Internet (i.e. Digital Bus website) at the sole discretion of the program. No home address, telephone number, or last names will appear with such work, photographs, or videos. Participants appearing in a group photo will not be identified individually.

**Waiver and Release:**

I agree to waive and release The Digital Bus Program, any & all partnering programs, contractors, & funding sources (its officers, directors, employees, and agents) and agree not to sue any such person for any claims arising from the publication of my work or image generated while I participate in The Digital Bus Program/Project as set forth in this waiver form.

**SECTION D: Strictly for reporting & funding purposes ONLY. Please fill in completely.**

**Ethnicity: Check all that applies.**

White or Caucasian     Hispanic or Latino     Japanese     Hawaiian     Black or African American

Chinese     Filipino     Other: \_\_\_\_\_

Participant's Birthdate: \_\_\_\_\_ Gender:  Male     Female     Non-binary

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

**WAIVER AND RELEASE**

I agree to waive and release The Digital Bus Program, any & all partnering programs, contractors, & funding sources (its officers, directors, employees, and agents) and agree NOT to sue any such person for any claims arising from an accident / incident while accessing or using The Digital Bus equipment and vehicles and/or participation in its project as stated in this form. **I have read and fully understand this PARTICIPANT WAIVER FORM and agree to be bound hereby, and to comply therewith.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Phone: \_\_\_\_\_