

MANOA HERITAGE CENTER WAIVER

Date of Tour _____

I, hereby release and hold harmless, Manoa Heritage Center, from any responsibility for my safety on the tour of the garden. I have been advised that the path on the garden tour is rocky and uneven in places and proper walking shoes are imperative. I certify that I am fit and able to navigate the paths.

Mr.___ **Mrs.**___ **Mr. & Mrs.**___ **Ms.**___ **Adult**___ **Senior**___ **Educator**___ **Visitor**___

First Name

Last Name

(spouse)

First Name

Last Name

Street Address

City

State

Zip Code

Phone (C=Cell) or H=Home

Email

Signature

Ok to use my photo in MHC Newsletter Yes___ No___

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