



**WAIVER OF LIABILITY
CONSENT, RELEASE OF LIABILITY, AND ASSUMPTION OF RISK**

I hereby acknowledge that I am 18 years of age or older and wish to visit W. M. Keck Observatory ("Observatory") on the summit of Mauna Kea. I have read and understand all of the facts and information described in the attached information sheets including HIGH ALTITUDE HEALTH HAZARDS and am aware of the SIGNIFICANT HEALTH RISKS inherent in working at, visiting, and driving to and from ("Visit" or "Visiting") the W. M. Keck Observatory on the summit of Mauna Kea ("Summit").

I understand that Visiting the Summit presents an inherent risk of injury, serious bodily harm or death. In particular, the risks include, but are not limited to, rapid changes in weather, equipment failure of a motor vehicle, dangers of driving on paved and unpaved roads to the Summit, vehicular traffic, actions of other people, unavailability of professional emergency medical assistance, and the EFFECTS OF HIGH ALTITUDE. I expressly agree and promise to accept and assume all such known and unknown risks associated with Visiting the Summit, such risks being known and appreciated by me. With respect to the RISKS OF HIGH ALTITUDE, I understand the importance that neither I nor anyone in my party or under my supervision Visit the Summit with any of the following RISK FACTORS:

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| Pregnant | Feel unwell |
| Scuba diving within 24 hrs (48 hrs for repetitive or deep dives) | Feel anxiety about visiting the summit |
| Under 13 years of age | Have previously experienced health problems at high altitude |
| Suffer from cardio-pulmonary disease | Are anemic |
| Have a head cold or allergic rhinitis | Feel "hung over" or excessive alcohol consumption within 24 hrs |

I represent that I am Visiting the Summit voluntarily. I acknowledge, agree and represent that I understand the nature of this Visit to the Summit, and that I am qualified, in good health and in proper physical condition to participate in this Visit of the Summit. I have no physical or mental condition which prevents me from Visiting the Summit in a manner that is safe for others and me. It is my responsibility to take all appropriate actions in advance of, and while participating in this Visit to the Summit. I further acknowledge and agree that I have the responsibility to consult with my physician to determine if medical conditions exist that would pose a direct threat to my health or the safety and health of others.

In consideration of the benefits I will receive from Visiting the Summit, I hereby agree, on behalf of myself, my heirs, personal representatives, or other survivors, to release and discharge and promise not to sue the California Association for Research in Astronomy, d.b.a. W. M. Keck Observatory, the California Institute of Technology, the University of California, the W. M. Keck Foundation, the University of Hawaii, the State of Hawaii, and any subsidiary and affiliate, government sponsor or private donor, as well as any person acting in his/her capacity as employee, officer, trustee, agent, contractor or representative of the above-named entities (collectively "Released Parties") from and with respect to any and all claims, demands, actions, suits, causes of action, and liabilities of whatever kind or nature in law, equity or otherwise, that may arise from, are related to, or are in any way connected with my Visiting the Summit, including injury, death, damage or loss, whether it results from the negligence of any of the Released Parties, or from any other cause, provided, however that this does not extend to claims due to gross negligence, willful misconduct or a violation of law by any of the Released Parties. I also agree to abide by all the rules and regulations as stated in the attached information sheets concerning general safety and understand and accept the consequences that can result from not adhering thereto.

I agree to indemnify the California Association for Research in Astronomy d.b.a W. M. Keck Observatory, the California Institute of Technology, the University of California, the W. M. Keck Foundation, the University of Hawaii, the State of Hawaii, and all other Released Parties for and from any liability or loss imposed upon them resulting from my Visiting the Summit INCLUDING ANY COSTS ASSOCIATED WITH ASSISTING OR AIDING ME OR ANYONE UNDER YOUR SUPERVISION WHO KNOWINGLY OR UNKNOWINGLY VISITED THE SUMMIT WITH ANY OF THE ABOVE RISK FACTORS.

I understand and agree that if a claim, suit, or attachment is brought or sought against me as a result in any way from my Visiting the Summit, I shall not be entitled to any defense or indemnification by any of the Released Parties in connection with such claim, suit, or attachment.

In the event that I sustain injuries or illness while Visiting the Summit, I authorize the W. M. Keck Observatory to administer, or cause to be administered, such first aid or other treatment as may be necessary under the circumstances, to include treatment by a physician or hospital of the W. M. Keck Observatory's choice. I accept full responsibility for any medical expenses incurred as a result of these actions.

I represent and warrant that I have the full right, power and authority to enter into and execute this Consent, Release and Assumption of Risk (this "Release") and to grant all rights granted under it.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AN ASSUMPTION OF RISK, AND A PROMISE NOT TO SUE OR MAKE CLAIM, AND I SIGN THIS OF MY OWN FREE WILL.

Print Name

Signature

Company (For Vendors, Contractors, and Filming)

Emergency Contact

Mailing Address

Emergency Phone Number

City, State, Zip

Physician (optional)

Phone Number & Email Address

Physician Phone Number (optional)

WMKO Sponsor or Contact

Date of Visit



HIGH ALTITUDE HEALTH HAZARDS

The W. M. Keck Observatory is located near the summit of Mauna Kea at 13,600 feet elevation, where the atmosphere has only 60 percent of the oxygen found at sea level and about 10 percent of the moisture, and where the average temperature is about 32EF / 0EC).

The human body reacts to high altitude in a variety of ways. **Individuals who are pregnant, have a head cold or suffer from cardio-pulmonary disease should not attempt to work at or visit the summit. SCUBA divers** should not go to Mauna Kea (Hale Pohaku altitude) within less than 24 hours of diving. This can lead to the bends (decompression sickness / nitrogen narcosis). If you have made repetitive or deep dives or are in any doubt, you should extend this interval to at least 48 hours.

One of the body's reactions to high altitude is water dumping to allow the blood to carry more oxygen. Frequent urination is a symptom of this process. Failure to replace lost body fluids can lead to dehydration, severe headaches, and hypothermia. High altitude dilation of the brain's blood vessels, combined with dehydration, can lead to a headache as severe as a migraine. Observatory workers sometimes take aspirin or acetaminophen before departing Hale Pohaku for the summit to help avoid headaches.

Individual responses to altitude can vary greatly. **No one is immune from the effects or the potential dangers.** To lessen the risk of high-altitude health hazards, be in good health, dress warmly, drink lots of fluids, avoid alcohol and drugs, and pace yourself.

It's important to acclimatize at least a 1/2 hour (1 to 1 1/2 hours for first timers) at the Hale Pohaku facility or the Visitor Information Station (9,200 foot/2,800 m level) before going to the summit.

Do not go solo to the summit. You may not always recognize the symptoms of altitude sickness in yourself. If you feel the onset of any unusual feeling or symptom, let someone know immediately. If you notice someone who appears to be suffering from some unusual feeling or symptom, ask how he or she feels.

High Altitude Sickness Major Emergency		Steps to Take
Major Symptoms Severe Unrelenting Sudden Headaches Shortness of Breath (at rest) Chest Pain Abdominal Pain	Major Signs Slurred Speech, Confusion Visual Disturbance Loss of Coordination Paralysis Seizures Collapse Slow or Rapid Heart Beat Labored Breathing Cough with blood tinged sputum Unrelenting Nausea or Vomiting	Evacuation: Follow the Mauna Kea Emergency Procedures Examine the victim Call 911 with the following information: <ul style="list-style-type: none"> x Your Location x Describe how the accident or illness occurred x Describe the victim's symptoms x Indicate the urgency needed for treatment x Describe the weather conditions x Establish the primary meeting place (Saddle Road Junction) x Describe the vehicle used to transport the victim Inform HQ Management

High Altitude Sickness Minor Emergency		Steps to Take
Minor Symptoms Mild shortness of breath Dizziness Light headedness Headaches Visual Change Palpitations Chest Tightness Nausea		Rest Administer Emergency Medical Oxygen (fixed flow type) Descend to Lower Altitude (Hale Pohaku) Inform HQ Management If symptoms persist, proceed to a Medical Center Emergency Room

For detailed information, see: <http://www2.keck.hawaii.edu/observing/visitor/hyalt.html>