

**TO: VISITORS TO UKIRT ON MAUNA KEA
IMPORTANT MEDICAL ALERT AND LIABILITY RELEASE**

PLEASE READ CAREFULLY, FOLLOW UP AS NECESSARY, SIGN THE FORM, AND RETURN IT TO THE UKIRT OFFICE.

The UK IR Telescope (UKIRT) in Hawai'i is located on Mauna Kea at an elevation of approximately 14,000 feet. Ascent to this elevation exposes you to a reduction in atmospheric pressure, which can result in a variety of medical conditions. In certain cases, severe illness or even death can result.

Visitors to the telescopes may suffer headaches, tiredness, irritability, anorexia, insomnia, reduced intellectual capacity, impaired exercise tolerance, and possibly vomiting. It is also possible to develop one of the more severe mountain sicknesses, pulmonary or cerebral edema, both of which can be fatal. The altitude may also aggravate pre-existing disease, particularly cardiovascular and respiratory diseases.

The University of Hawai'i strongly recommends that you bring the above information to the attention of your medical practitioner, and seek appropriate medical advice and clearance. It is also recommended that if you have a pre-existing condition which could be affected by elevation, you bring this to the attention of your UKIRT Observatory host so that s/he is better able to assist in case of a medical emergency.

UKIRT Visitors agree to follow directions of site personnel, conduct themselves in a safe manner, and observe safety requirements at all times during the visit, and immediately advise site personnel of any adverse effects experienced at high elevation.
No visitors under the age of 16 are permitted.

Assumption of Risk, Covenant Not To Sue, and Release of Claims. Knowing the risks described above, and in consideration of being permitted to visit UKIRT on Maunakea, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my visit. To the maximum extent permitted by law, I release, indemnify, and covenant not to sue the University of Hawai'i, Research Corporation of the University of Hawai'i, and their respective officers and employees, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my visit (including periods in transit).

I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.
This agreement shall be governed by the laws of the state of Hawai'i.

(Please print legibly, or entrance will be denied.)

(For internal use only)
Initials of Staff Guide(s):
Date of visit:

Name: _____ Name: _____

Address: _____ Address: _____

Signature: _____ **Signature:** _____
(Parent or legal guardian if under age 18) (Parent or legal guardian if under age 18)