



# HUI O HO'OHONUA

## Media Release Form

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Name (PLEASE PRINT) \_\_\_\_\_ Age (if a minor) \_\_\_\_\_

Parent or Guardian Name if Minor \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Email \_\_\_\_\_

### **Signed Media and Information Release**

Minors (under the age of 18) must have a parent/legal guardian sign below.

I give to the Hui o Ho`ohonua unlimited permission to use, publish, republish and share with media, partners and sponsors, video, photographic or digital images/recordings of my likeness and my voice, whether with or without my name, solely for the advancement and promotion of their mission: to address the historical trauma to the land, waters and people of the `Ewa Moku (O`ahu).

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_

(Signature of Parent/Guardian of minor)

Hui o Ho`ohonua 501(c)3  
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