



**HAWAII COMMUNITY  
DEVELOPMENT AUTHORITY**

547 Queen Street  
Honolulu, Hawaii 96813  
Telephone: 808.594.0300  
e-mail: [contact@hcdaweb.org](mailto:contact@hcdaweb.org)  
Web site: <http://www.hcdaweb.org>



**APPLICATION & PERMIT FOR USE  
AT THE EHIME MARU MEMORIAL**

*Please Print*

Today's Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Kind of Activity: \_\_\_\_\_

Date of Use: \_\_\_\_\_ From: \_\_\_\_\_ to: \_\_\_\_\_

Number of People Expected: (students) \_\_\_\_\_ (adults) \_\_\_\_\_ (total): \_\_\_\_\_

**READ CAREFULLY:**

All permits are subject to cancellation by the Hawaii Community Development Authority due to scheduling conflicts, violation of permit terms, or unforeseen facility closure. Charging admission, taking a collection or sale of goods, or drinking of alcoholic beverages are prohibited unless prior written permission has been obtained from the Hawaii Community Development Authority.

RESPONSIBILITY FOR DAMAGES AND LIABILITY

All permits issued by the Hawaii Community Development Authority shall be subject to the rules and regulations of the Authority and State law, and persons or organizations to whom such permits are issued shall be liable for loss, damages or injury to persons or property resulting from use of public facilities under such permit. In addition, persons or organizations to whom this permit is issued, in consideration of a permit being issued to them, shall hereby voluntarily release, remise and forever discharge the Hawaii Community Development Authority and the State of Hawaii, from and on account of any and all claims, actions, causes of action, liability, liabilities, costs, expenses and damages of any kind which permit holder has arising out of any property damage and/or bodily injury which may be sustained by participating in any activity under the issued permit.

State of Hawaii policy requires that all accidents resulting in property damage or personal damage or personal injury, or both, be reported promptly to the caretaker on duty. Please be advised that your personal medical and health insurance should be relied upon to cover all medical costs incurred because of accidental injury.

I have read and understand the conditions of this permit as stated above and accept the responsibilities stated therein:

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_  
*(please print name)*

Phone: \_\_\_\_\_ (Home): \_\_\_\_\_

Address: \_\_\_\_\_ (Office): \_\_\_\_\_

**NOTE TO APPLICANT: PLEASE FAX THIS FORM BACK TO THE HCDA OFFICE AT 587-0299**