

NĀ LĀ MAIKA'I

Cultivating Better Days

Your Guide to a Brighter Future for Hawaii • Registered 501(c)(3)

YOUTH PARTICIPANT HANDBOOK & ONBOARDING PACKET

ALOHA AND WELCOME TO NĀ LĀ MAIKA'I!

We are thrilled to welcome you to our 'ohana. Nā Lā Maika'i empowers Hawaii's youth (ages 14–21) through cultural land stewardship (*mālama 'āina*), financial literacy, and holistic workforce training, transitioning young leaders from material necessity to long-term sovereignty and self-sustainability [cite: 1, 3].

Our Core Pillars

- **Pillar 1: Immediate Stabilization & Life Skills (25% of Program Time):** Complete modules in financial literacy, suicide prevention, mental wellness, and substance abuse education to unlock immediate material aid [cite: 1, 3].
- **Pillar 2: Cultural Agricultural Labor & Mentorship (50% of Program Time):** Engage in mandatory paid agricultural labor on local farms, learning traditional Hawaiian farming techniques while connecting with community elders [cite: 1, 3].
- **Pillar 3: Locked Wealth Accumulation:** 100% of wages earned through farm labor are deposited into secure, locked accounts untouched until age 21 [cite: 1, 3].
- **Pillar 4: Guaranteed Land Ownership & Matching Grant:** Upon turning 21, accumulated farm savings are matched dollar-for-dollar by Nā Lā Maika'i to purchase land (*'āina*) [cite: 1, 3].

Program Core Values

- **Mālama 'Āina:** Respect and care for the land and natural ecosystems [cite: 1, 3].
- **Mālama Kanaka:** Support, uplift, and care for our peers, elders, and community.
- **Kuleana:** Embrace personal responsibility for our actions, growth, and community [cite: 1, 3].
- **Pūhonua:** Create a safe sanctuary for learning, healing, and personal development [cite: 1, 3].

INSTRUCTIONS: Please review, complete, and sign all forms and waivers on the following sheets. All signed pages must be submitted prior to attending your first field or classroom session.

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Youth Participant Handbook — Form 1 of 3

ASSUMPTION OF RISK, WAIVER, AND LIABILITY RELEASE

This Assumption of Risk, Waiver, and Liability Release is executed by the undersigned Participant (and, if under 18 years of age, their Parent/Legal Guardian) in favor of **Nā Lā Maika'i**, a Hawaii domestic non-profit corporation, its officers, directors, employees, agricultural mentors, and agents [cite: 2, 3].

1. Acknowledgment of Program Activities & Risks

The Participant desires to engage in agricultural, educational, field work, and environmental conservation activities hosted by Nā Lā Maika'i. I understand that these activities involve physical labor on rustic terrain, handling hand tools and farming equipment, exposure to weather elements (sun, heat, rain), plants, insects, and outdoor environments. I acknowledge and freely assume all risks associated with participation.

2. Release of Liability & Covenant Not to Sue

I hereby release, waive, discharge, and hold harmless Nā Lā Maika'i, its Board of Directors, staff, volunteers, and participating farm landowners from any and all liability, claims, demands, actions, or causes of action arising out of physical injury, illness, property damage, or loss sustained during program activities, whether caused by negligence or otherwise.

3. Medical Emergency Authorization

In the event of an emergency, injury, or sudden illness, I hereby grant permission to Nā Lā Maika'i staff and authorized representatives to administer first aid, arrange emergency transportation, and secure medical treatment from licensed healthcare professionals as deemed necessary for the Participant's safety.

PARTICIPANT ACKNOWLEDGMENT & SIGNATURE

Participant Printed Name:	Date of Birth:
Participant Signature:	Date:

PARENT / LEGAL GUARDIAN CONSENT (Required if Participant is under 18)

Parent/Guardian Printed Name:	Relationship to Minor:
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Parent/Guardian Signature:	Date:
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NĀ LĀ MAIKA'I

Cultivating Better Days

Youth Participant Handbook — Form 2 of 3

MEDIA RELEASE, CONSENT, & CONFLICT RESOLUTION AGREEMENT

PART A: MEDIA RELEASE & USE OF LIKENESS

Nā Lā Maika'i captures photographs, video recordings, and quotes of program activities to share our mission, report to community grantors, and celebrate youth accomplishments across print and digital media.

MEDIA SELECTION (Please check ONE box below):

☐ **OPT-IN:** I GRANT full permission for Nā Lā Maika'i to use photos, videos, and quotes of the participant for organizational storytelling and grant reporting.

☐ **OPT-OUT:** I DO NOT grant permission for media capture. *(Opting out will NOT affect the participant's full enrollment or eligibility in any program activities).*

PART B: CONFLICT RESOLUTION & GRIEVANCE PROCESS

At Nā Lā Maika'i, we view the farm and classroom as spaces for personal growth. Disagreements may occur, but resolving them respectfully is a core part of job readiness training. All participants agree to follow our official 4-step conflict resolution framework [cite: 2]:

- Step 1 (Direct Communication):** Speak directly and calmly to the person involved using "I" statements, aiming for mutual understanding [cite: 2].
- Step 2 (Supervisor Mediation):** If unresolved or uncomfortable, report the issue to a classroom instructor or farm supervisor for objective mediation [cite: 2].
- Step 3 (Formal Written Grievance):** Submit a formal written grievance form to the Program Director within 7 business days describing the incident [cite: 2].
- Step 4 (Final Director Review):** The Program Director conducts a thorough investigation and issues a binding decision [cite: 2].

Zero Retaliation Policy: Nā Lā Maika'i enforces a strict zero-tolerance policy for retaliation. No

participant will ever be penalized or have their allowances frozen for filing a respectful grievance [cite: 2].

Participant Signature:	Date:
Parent/Guardian Signature (if under 18):	Date:

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	NĀ LĀ MAIKA'I Cultivating Better Days <i>Youth Participant Handbook — Form 3 of 3</i>
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CONFIDENTIAL PARTICIPANT INFORMATION & EMERGENCY FORM

1. Participant Profile

Full Legal Name:	Preferred Name:
Date of Birth:	Cell Phone:
Mailing Address:	
Email Address:	

2. Health & Emergency Profile

Allergies (Food, Bee Stings, Plants, Medications):

Medical Conditions, Physical Limitations, or Dietary Restrictions:

3. Emergency Contacts

Primary Contact Name:	Relationship:	Phone:
Secondary Contact Name:	Relationship:	Phone:

I certify that all information provided on this form is complete, true, and accurate to the best of my knowledge.

Signature:	Date:
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