



# GREAT ALOHA RUN

Monday, February 20, 2023, Presidents' Day

## 39th Anniversary

### OFFICIAL ENTRY FORM

**1. Complete legibly and completely. Everyone on the course must be registered. One form per person.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email Address \_\_\_\_\_

Gender: Male

Female

Age on 2/20/23 \_\_\_\_\_

Date of Birth: (Month, Day, Year) \_\_\_\_\_

Address \_\_\_\_\_ Apt No. \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/ Postal Code \_\_\_\_\_

( ) - ( ) - \_\_\_\_\_

Best Contact Number \_\_\_\_\_ Emergency Contact on Race Day \_\_\_\_\_ Emergency Contact Name \_\_\_\_\_

#### REQUIRED

##### 1. Wave Selection:

Orange wave: 18+ minutes/mile pace

Yellow wave: 11-17 minute/mile pace

Green wave: Under 11 minutes/mile

##### 2. Finisher T-Shirt: (Unisex Fixes)

Finisher shirts are not available for babies in strollers. Size selection is final.

Youth:

Y Med  Y Lrg

Adult:

S  M  L

XL  2 XL

##### 3. Free Bus to Downtown: (Check only one please)

Before  After

Waikiki Shuttle  No Thank You

##### 4. 2023 Entry Level:

\$35 Child (5-12 years) \_\_\_\_\_

\$35 Senior (65 years and older) \_\_\_\_\_

##### INDIVIDUAL (13 - 64 years)

\$45 Individual Regular 9/15/22 - 10/31/22 \_\_\_\_\_

\$50 Individual Regular 11/1/22 - 12/19/22 \_\_\_\_\_

##### OPTIONAL SELECTIONS (Check all that apply)

\$12 Commemorative Coin \_\_\_\_\_

\$20 Commemorative Coin with Mailing \_\_\_\_\_

\$10 Souvenir Pin \_\_\_\_\_

\$18 Souvenir Pin with Mailing \_\_\_\_\_

TOTAL PAYMENT ..... \_\_\_\_\_

#### PLEASE READ AND SIGN.

Sorry, we cannot process without your signature.

Waiver and Release: I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that, although police protection will be provided, there will be traffic on the course route. I assume the risk of running in traffic. I also assume any and all other risks associated with running this event, including but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and the condition of the road, all such risks being known and appreciated by me. If I am an operator or occupant of a stroller or assisted wheelchair, I agree that I am fully responsible for my own safety and the safety of the occupant of the stroller or assisted wheelchair. (Safety is defined as doing everything reasonably necessary to avoid or prevent an accident including, but not limited to operation with safe speed and equipment and avoiding risks.) I understand that in the event this race cannot be held as scheduled due to an act of God or circumstances beyond control, or I cannot participate for any other reason, the race is not liable to refund any money donated by me to participate. I further understand that my entry donation is non-transferable.

Knowing these facts, and in consideration of your accepting my entry, I hereby for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf covenant not to sue, and waive, release, and discharge Carole Kai Charities, Inc., the City and County of Honolulu, including their Police Department, the State of Hawaii, the race officials, volunteers, any and all sponsors, and any and all agents, employees, assigns, or anyone acting for or on their behalf from any and all claim of liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of or in the course of my participation in this event. I also hereby consent to permit emergency treatment in the event of injury or illness. Further, I hereby grant full permission to Carole Kai Charities, Inc. and/or agents authorized by them to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose.

This waiver and release extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

If the event is unable to occur due to a government issued policy regarding public health, I understand my registration will be automatically converted to a virtual registration option and is non-refundable.

Signature (You must sign here for processing) \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian if under 18 years. Applications for minors will be accepted only with signature above.