

JARREN PATAO 5K FUN RUN/WALK

SATURDAY, DECEMBER 6TH, 2008 @ 7:30AM

KEOPUOLANI PARK BY SKATE PARK

"HELP JARREN FIGHT CANCER"

COURSE: GENTLE ROLLING HILLS AT KEOPUOLANI PARK, PREDOMINATELY ON WALKING PATH IN PARK.

DOOR PRIZES: AVAILABLE AFTER EVENT

REGISTRATION: \$20 PLUS ANY DONATION

IMPORTANT NOTICE:

*COMPLETE AND SIGN FORM BELOW, AND INCLUDE CHECK OR MONEY ORDER WHEN SENDING IN MAIL TO P.O. BOX 1024, WAILUKU, HI 96793 PAYABLE TO VIRR JARREN PATAO

DIVISION: (CIRCLE ONE) OPEN YOUTH MASTERS

SEX: MALE/FEMALE AGE:_____ DATE OF BIRTH:_____/_____/_____

LAST NAME:_____ FIRST NAME:_____

STREET ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONE# () _____ EMAIL _____

WAIVER STATEMENT: IN CONSIDERATION OF THE ACCEPTANCE OF MY ENTRY, I, INTENDING TO BE LEGALLY BOUND DO HEREBY FOR MYSELF, HEIRS, EXECUTORS, AND ADMINISTRATORS WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES AND CASES OF SUIT OR ACTION, KNOWN OR UNKNOWN, THAT I MAY HAVE AGAINST THE HAWAII ELITE TRACK TEAM, COUNTY OF MAUI, AND ANY SPONSORS, DIRECTORS, VOLUNTEERS, OFFICERS, AND AGENTS FOR ANY AND ALL INJURIES RESULTING FROM MY PARTICIPATING IN THE JARREN PATAO 5K FUN RUN/WALK . I ATTEST THAT I AM PHYSICALLY FIT AND HAVE SUFFICIENTLY TRAINED FOR THIS EVENT. I ALSO GRANT PERMISSION FOR A DOCTOR OR NURSE TO TAKE ANY REMEDIAL ACTION IN CASE OF EMERGENCY. I ATTEST AND VERIFY THAT I KNOW THE RISKS OF ENTERING THIS RACE AND I ASSUME ALL EXPENSES IN THE EVENT OF AND ACCIDENT.

SIGNATURE:(PARENT/GUARDIAN)_____ DATE _____

**YOUR FUNDS AND OR DONATIONS WILL HELP JARREN FIGHT AND KICK CANCERS BUTT.
PLEASE, YOUR HELP IS APPRECIATED. MAHALO TO ALL.**