

Register online at:
www.greataloharun.com

Monday, Feb 16, 2009
Presidents Day



For Official Use Only

1. Complete legibly and completely. Everyone including strollers & wheelchairs on the course must be registered. One form per person.

Last Name _____ First Name _____ M.I. _____

Address _____ Apt No. _____

Address Line 2 _____ Sex: Male Female

City _____ State _____ Zip _____ Baby Stroller (Check here if entrant is a baby pushed in stroller. 4 yrs. and under)

Country, if other than USA _____ Date of Birth: _____ Age on 2/16/09 _____

T-shirts Awarded to Finishers Only! Adult Sizes (Unisex) Default size=L S M L XL XXL Youth Sizes: Y Med Y Lrg

Day Phone Number Including Area Code _____ Evening Phone Number Including Area Code _____

Email Address _____ Estimated Finishing Time _____:_____:_____ HR MIN Default Time = 4:00

100 Club Code _____ Free Bus to Downtown: (Check only one please) Before After Waikiki Shuttle (check here) Number of medals: _____

2. Check box(es). All entries TIMED except Baby in Strollers.

2009 ENTRY DONATION LEVELS • Mail before 2/2/09

KEIKI & SENIORS

\$5 Baby in a stroller (4 years and under)

\$25 Child (5-12 years) and Seniors (65 and over)

GROUP ENTRIES

\$30 100 Clubs
Must have 100 club code on form. Sept. 20 - Dec. 5, 2008.

\$30 Lucky 7 Team Member. This form is one of seven that must be attached to a Lucky 7 Team Form (see p. 8), mailed to the GAR Office by Jan. 19, 2009.

INDIVIDUAL ENTRIES

\$35 Early Entry eligible for In-Training T-shirt and Daily Planner. Postmarked by Dec. 5, 2008

\$35 Regular Entry postmarked Dec. 6, 2008 and Jan. 19, 2009

\$40 Late Entry postmarked Jan. 20 - Feb. 2, 2009

\$45 Register at GAR Expo, Feb. 13 - 15, 2009 NBC Exhibition Hall. Cash or credit card only.

3. Summary:

One form per person. Additional forms go to: www.greataloharun.com

Entry Donation\$ _____

Optional training shirt mailing charge (\$8) if entering by Dec. 5, 2008\$ _____

Medal Fee (\$9.95) each. Deadline for ordering is Jan. 19, 2009 ...\$ _____

Optional medal mailing charge (\$8)\$ _____

My Gift to GAR Charities\$ _____

TOTAL DUE\$ _____

4. Please read and sign.

PLEASE READ AND SIGN.
Sorry, we cannot process without your signature.

Waiver: 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.

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., HHSAA Foundation (DBA Great Aloha Run), the City and County of Honolulu, including their Police Department, 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. In consideration of the opportunity to enter this race, 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 also understand that in the event this race cannot be held as scheduled due to an act of God or circumstances beyond control, the race is not liable to refund any money donated by me to participate. I also hereby consent to permit emergency treatment in the event of injury or illness.

This release and waiver extends to all claim of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. The undersigned further grants full permission to Carole Kai Charities, Inc., HHSAA Foundation (DBA Great Aloha Run) and/or agents authorized by them to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose.

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.

First Hawaiian Bank

Make non-refundable entry donation check or money order payable to GREAT ALOHA RUN and mail to Great Aloha Run P.O. Box 29750, Honolulu HI 96820-2150 Banking services courtesy of First Hawaiian Bank. \$20 assessed for returned checks.