



3rd Annual KA HOLO HO'OLAULE'A Celebration Run/Walk



Mahalo to our sponsor



REGISTRATION & INFORMATION FORM

Entry Cost, Registration & Packet Pick-up:

Please make checks payable to "WCCHC". **REFUNDS WILL NOT BE ISSUED FOR ANY REASON**

- **MAIL-IN:** Pre-race registration can be made by completing the bottom half of this form and mailing it with payment to:
Waianae Coast Comprehensive Health Center, 86-260 Farrington Hwy., Waianae, HI, 96792
Entry Cost: \$20 – includes a Finisher's t-shirt
Must be postmarked by: October 3, 2017
- **IN-PERSON:** Last day for pre-race registration should be made in-person at the main campus of Waianae Coast Comprehensive Health Center
Administration Building Conference Room (86-260 Farrington Hwy., Waianae, HI)
Entry Cost: \$20 – includes a Finisher's t-shirt
Friday, October 6th, from 9:00 AM to 5:00 PM
- **RACE DAY:** Race day registration and packet pick-up at the Waianae Mall, 86-120 Farrington Hwy., Waianae, HI (in the old Blockbuster space)
Entry Cost: \$25 – Finisher t-shirt is not guaranteed
Saturday, October 7th, from 5:30 AM to 6:30 AM

Course Description:

From Waianae Mall parking, head mauka on Leihoku Street, left on Moekahi Street, right onto Lualualei Homestead Road, continue onto Halona Road, turnaround at Pu'uuhulu Road, head makai on Halona Road, continue onto Lualualei Homestead Road, left onto Moekahi Street, right onto Leihoku Street to finish at Waianae Mall parking. (NOTE: Water stations located near Leihoku Elementary School and at turnaround point.)

Proceeds: Race proceeds will benefit Mākeke Wai'anae (a Waianae Coast Comprehensive Health Center Farmers' Market).

Other Information: Results and timing by Pacific Sport Events. Water and snacks will be available at the finish line.

Contact: Kiana Hew Len at (808) 697-3567, or email khewlen@wcchc.com

Website: Race Registration is also available online at <https://flpreister.com/203>. Results will be posted at www.pseresults.com.

REGISTRATION FORM/WAIVER (Please print legibly)

Name: _____ Gender: _____ Age (on race day): _____

Address: _____ City, State, Zip Code: _____

Phone: _____ E-mail: _____ T-Shirt Size: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Are you a WCCHC Employee: Yes No WCCHC Employee ID Number: _____ Department: _____

Waiver (MUST BE SIGNED – please print to sign)

In consideration of your accepting this entry, I, the below signed, intending to be legally bound, for myself, my heirs, my executors and administrators, waive and release and any all rights and claims for damages I may have against the WCCHC, the City & County of Honolulu, the State of Hawaii, the race, and sponsors and their representatives, successors and assignees for any and all injuries suffered by me in said event. I attest that I will participate in this event as a footrace, that I am physically fit and sufficiently trained for the completion of this event. Furthermore, I hereby grant full permission to post my race results online, use my name and likeness, as well as any photographs and any record of this event in which I may appear for any legitimate purpose, including advertising and promotion.

Signature: _____ Date: _____

Name of Parent or Guardian if under 18: _____ Phone: _____



An event of the Waianae Coast Comprehensive Health Center
Race proceeds will benefit Mākeke Wai'anae

