



# Keiki Great Aloha Run 2018

A Healthy Fundraiser for Healthy Kids, Healthy Families,  
Healthy Schools

## Saturday, February 17, 2018

Run starts at 8:00 a.m. (Program begins at 7:20 a.m.)

[This form may be copied. One person per form.]

Limited to first 2,200 registered participants.

TO REGISTER BY MAIL: Write a check payable to: **Great Aloha Run**  
Mail to: **Kaho'omiki, P.O. Box 22207, Honolulu, HI, 96822-9998.**  
Must be postmarked on or by January 19, 2018.

~~TO REGISTER ON-LINE:~~ Available at [www.kahoomiki.org](http://www.kahoomiki.org). Fee of \$1.80/person for online registrations.  
Registrations will be accepted until February 5, 2018 or when the maximum has been reached. No race day registrations accepted.

*Please read reverse side.*

~~PACKET PICK-UP:~~ *side.* Saturday, February 10, 2018 at The Running Room, 819 Kapahulu Avenue, Honolulu.  
10:30 a.m.- 2:30 p.m - Individuals. 2:30 - 4:00 p.m. - School Coordinators.

After January 19, 2018 - No refunds on registrations.

**CHECK ONE:**

- Keiki, Age 5-12 \$20 by midnight January 19, 2018; \$25 by midnight February 5, 2018.
- Adult \$20 by midnight January 19, 2018; \$25 by midnight February 5, 2018.
- Little Runner Ages 4 & under, including strollers. \$ 5 per child. MUST be accompanied by a registered Parent/Guardian. Note: Little Runner registrations will NOT be counted towards the school donation program.

Amount Enclosed: \$ \_\_\_\_\_ for \_\_\_ #Persons. (Attach one form per person)  Check  Cash

Please PRINT

First Name:

Last Name:

Child's Age on Day of Run, 2/17/18:

Gender:  M  F

T-Shirt Size: Youth  XS  S  M  L

Adult  S  M  L  XL  XXL

Address:

City:  Zip:

Day Phone:

Email:

Emergency Contact:

Emergency Phone #:

School to Support:  PEARL  RIDGE  ELEMENTARY

*Teachers' Name:*

**Waiver:** I AGREE to comply with the rules, regulations, and event instructions of the Keiki Great Aloha Run. I UNDERSTAND that participating in a road event is a potentially hazardous activity. I am aware of and I expressly assume all inherent risks associated with participating in this event, including, but not limited to, falls, contact with other participants, and objects, the effects of weather, including high heat and humidity, traffic, and the conditions of the road. IN CONSIDERATION of your accepting this entry, I for myself and anyone entitled to act on my behalf, waive and release from any and all claims for injuries and damages I may have against the Keiki Great Aloha Run, Carole Kai Charities, Inc., Kaho'omiki, the City and County of Honolulu, State of Hawai'i, the Sponsors, their agents and representatives caused by the negligence of any of them arising out of my participation in this event, including pre and post race activities. I ATTEST that I am physically able and have sufficiently trained to participate in the Keiki Great Aloha Run. I CONSENT to receive medical treatment which may be advisable in the event of illness or injuries suffered by me during this event, and I agree to pay for the costs of my medical treatment. I AGREE to receive mailings from Great Aloha Run's vendor which, does not obligate me to purchase any event related product. I GIVE PERMISSION for the free use of my name, voice or picture in any broadcast, telecast, advertising promotion or other account of this event.

Signature (Parent/Guardian's Signature If Under 18)

Date

