

RUN FOR FITNESS PRESENTS
THE 9th Annual Maui 5K
3.1Mile (5K) RUN & 1Mile Walk
Run for Maui's Schools !

SUNDAY, MARCH 1, 2020 Race Start Time 7:00am
Ma'alaea Triangle

First Name: _____ **Last Name:** _____

Age: _____ **Sex:** _____ **City:** _____ **State:** _____ **Phone:** _____

Email address: _____

T Shirt Size (if Available): Small Medium Large XL / Youth Sm Youth Med

Check Category:

_____ 5K Run/Walk - Timed

_____ 1 Mile WALK (NOT TIMED)

_____ Stroller Participant (**Must be accompanied by a registered participant**)

Name of Maui School to Support _____

Category	Before Dec. 2	After Dec. 2	Race Day Entry Fee
5K Run/Walk (timed)	\$25	\$30	\$40
1 Mile WALK (untimed)	\$20	\$25	\$40
Stroller Participant	\$10	\$10	\$10
Virtual Run	\$35	\$35	(T-Shirts mailed to US Postal addresses only)

(No guarantee of a t-shirt if registering after Feb. 15th, 2020)

Mail form with payment to:

Maui 5K

c/o 252 Kamehameiki Rd.

Kula, HI 96790

VIRR EVENT WAIVER:

I know that running a road race is potentially hazardous activity. I attest that I am adequately trained and conditioned to run this event. I agree to abide by the decision of the race director to participate. I assume all risks associated with running this 5k/ 1mile walk including but not limited to tripping and falling, contact with other participants, the effects of hot and humid conditions, traffic and all other conditions of the road. Having read the waiver and knowing these risks and in consideration of your accepting my entry, I for myself and anyone entitled to act on my behalf waive and release Run for Fitness dba Maui 5K, Valley Isle Road Runners, Peake/Levoy, Ma'alaea Triangle Association, the sponsors, volunteers, the County of Maui, and the State of Hawaii, their agents and representatives from all claims of liability of any kind arising out of my participating in this event. I attest that I am physically fit and have sufficiently trained for this event. I consent to medical treatment which may be advisable in the event of injuries or illnesses suffered by me during this event, and I agree to pay for the costs of my medical treatment. I give permission for the free use of my name, voice or picture in any broadcast, telecast video or advertising promotion or other account of this event.

Signature of participant:

Signature of Guardian (for those under 18):

DATE: _____