



REGISTRATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ E-mail: _____

Male Female Date of Birth: / /

EMERGENCY CONTACT:

Name: _____ Phone: () _____

	5k	10K	
5K Registration Fee:		10K Registration Fee:	
Through June 15	\$36	Through June 15	\$45
June 16 - Aug 5	\$39	June 16 - Aug 5	\$50
Aug 6 - Sept 1	\$42	Aug 6 - Sept 1	\$55
Sept 2 - Oct 8	\$45	Sept 2 - Oct 8	\$58
Oct 9	\$50	Oct 9	\$60
*Kids 12 and under	\$25	*Kids 12 and under	\$30
<small>*Kids under 3 FREE</small>			
Total Enclosed: \$ _____			
Visa	MasterCard	American Express	
Discover	Check (Enclosed)		

Would you like a Timing Chip?
 \$2.00 - Yes No
 Total: \$ _____

T-Shirt Size:
 S M L XL

Email: info@thealoharun.com
 Mail: 3288 Adams Ave #16217, San Diego, CA 92176
 Please make check payable to: Beyond Events

Credit Card Number: _____ Exp. Date: _____

Name on Card: _____

Signature: _____ Date: _____

ACCIDENT WAIVER AND RELEASE OF LIABILITY

I voluntarily wish to participate in the Aloha Run. I acknowledge that my participation in this event is a potentially hazardous activity. I hereby assume all of the risks of participation in this event. The risks include, but are not limited to those caused by terrain, road and sidewalk conditions, facilities, temperature, weather, condition of athletes, and actions of other people including, but not limited to, participants, volunteers, spectators, team officials, monitors and producers. I know that I am free to stop at any time. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment, property owned, maintained or controlled by them or because of their possible liability without fault. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during this event. I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event director and event sponsors and that it will govern my actions and responsibilities at said event. I affirm that I am in good physical condition and properly trained. This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable Law. As a participating athlete, I certify that all the information provided on my face entry form is true and complete. Knowing these facts, and in consideration of your acceptance of my Event entry, I, the undersigned participant (and if participant is under 18 years of age, I, the parent or guardian or participant), for myself, my marital community, heirs, personal representatives and assigns, hereby waive, covenant not to sue, release and discharge Honor Flight, Beyond Events, the Aloha Run, RAIMM Events, City of Long Beach/City of San Diego and all of their officers, employees, volunteers, sponsors, representatives and agents (collectively, the Event Parties) from any and all liability, loss, damage, claim, action or demand arising from or attributable to my participation in and travel to and from this Event, including, but not limited to, liability that may arise out of the active or passive negligence or carelessness of the Event Parties.

PUBLICITY: I hereby release to the Event Parties full and exclusive rights to record my performance in this race on film, videotape, or still photography for use without compensation to me.

NO REFUNDS: I understand that the entry fee is non-refundable, but that transfers are available for a \$5 transaction fee through the Event day and that I must manage this transaction in person either at packet pick-up or race day for a \$5 CASH ONLY transfer fee. I also understand the Event will take place rain or shine, at Race Director's discretion.

I have carefully read and fully understand this agreement. I am aware that this is a release of liability, a promise not to sue, and a contract between myself and the Event's parties that will bind my marital community, heirs, personal representatives, assigns, and all members of my family, including any minors, and I sign this agreement of my own free will.

Print Name: _____

Signature: _____ Date: _____

PARENT OR LEGAL GUARDIAN (if participant is under 18 years of age)

Print Name: _____

Signature: _____ Date: _____