

For PTA Use Only:
Runner Number:
Cash _____ Check #
CC# _____
Exp Date _____

RUN WALK STROLL SKATE PARTICIPATE

Kamali`i Elementary 5K Fun Run / Walk 2011
Saturday, January 15, 8:00 am Start Time to 10:00 am

Participant Registration / Pledge Form – ALL AGES WELCOME

Participant Information – Please Print

Last Name: _____ First Name: _____

Address: _____

Day Phone: _____ Email: _____

Male _____ Female _____ Age: _____

Adult T-Shirt Size: S M L XL Keiki T-Shirt Size: S M L

I wish to participate in:

5K Run / \$15 Advance | \$20 Run Day _____ **Ohana Team of 4 / \$40 Advance | \$50 Run Day _____**

Pledges

Make checks payable to Kamali`i PTA. Please fill out back of this form. A minimum of \$15 per participant, or \$40 per Ohana Team, is suggested to enter the run/walk. We encourage you to collect as many pledges as possible as all money raised will go to fitness activities at Kamali`i Elementary. All donations are tax deductible to the fullest extent of the law. Kamali`i PTA Tax ID#94-3260820.

Return Forms

By Mail - Include completed form and check(s), no cash please, and mail to:
Kamali`i Elementary 5K
c/o Kamali`i PTA
180 Ke Ali`i Alanui
Kihei, HI 96753

In Person - Bring your completed form and money to Kamali`i Elementary School from
8:00am to 8:30am or 2:30pm to 3:00pm on Monday through Friday in January before
January 15. We'll be set up in front of the cafeteria.

Online - Visit www.kamalii-pta.com

SPONSORED BY KAMALI`I PTA

In consideration of the acceptance of my application and the permission as an entrant in the Kamali`i Elementary 5K Fun Run/Walk, I myself, my heirs, executors, administrators, successors and assigns hereby release, wave and forever discharge, Kamali`i PTA and Kamali`i Elementary School, selected and appointed officials, successors and assigned of and from all claims, demands, damages, cost, expenses, actions and caused of actions whether in law or in equity in respect of death, injury, loss or damage to my person or my property however caused, arising from, or to arise by and not withstanding that same may have been contributed to or occasioned by the negligence of any of the aforesaid from and against any and all liability connected with its participation in the said event. By submitting this entry, I acknowledge having ready, understood and agree to the above waiver, release & indemnify, I warrant that I am physically fit to participate in this event.

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Pledge Form

Date Paid	Donor Name	Home Address/City/State/Zip	Cash/Check

TOTAL \$ _____

Make Checks Payable to: Kamali`i PTA