



SEPTEMBER 29, 2018 • 9:00AM-12:00PM • LAHAINA CANNERY MALL

\$25 Registration Fee Includes: Event T-Shirt • 1 Entry into \$200 Cash Prize Drawing

2018 Registration Form

Name

Address City State Zip

Phone Email

Shoe Size 8 9 10 11 12 13 14 15 & Larger

T-Shirt Size: S M L XL 2XL 3XL Children

PAY NOW: \$25 Adult Registration Fee Paid by Cash Check Credit Card
 \$10 Student Registration Fee Paid by Cash Check Credit Card

Pre-registration: Please complete this form and submit via Submit Button below. Then return to Home Page to make your payment via the 'Register & Donate' button.
 On Walk Day, preregistered walkers head to the **PRE-REGISTERED** line at the Registration Station and collect your Event T-Shirt, Lucky #Ticket, Pledge Card, and then proceed to the Shoes Tables.

Registering day of walk: Fill out this form **BEFORE** lining up at the Registration Station. Hand in your completed form, Pay, and collect your Event T-Shirt, Lucky #Ticket, Pledge Card, and then proceed to the Shoes Tables.
Note: only male walkers receive shoes

WAIVER STATEMENT: I, THE UNDERSIGNED, CERTIFY THAT I AM IN GOOD HEALTH AND ABLE TO PARTICIPATE IN ALL ACTIVITIES OF THE ABOVE-NAMED PROGRAM. I UNDERSTAND THAT I SHOULD BE COVERED DURING THE EVENT ABOVE BY A PRIVATE MEDICAL AND LIABILITY POLICY; AND I FURTHER UNDERSTAND THE EVENT DOES NOT PROVIDE SUCH INSURANCE. I GRANT PERMISSION FOR A DOCTOR OR NURSE TO TAKE ANY REMEDIAL ACTION IN CASE OF AN EMERGENCY. THEREFORE, IN CONSIDERATION OF MY BEING PERMITTED TO PARTICIPATE IN THE ABOVE-NAMED EVENT, I HEREBY AGREE TO ASSUME THE RISKS AND RESPONSIBILITIES SURROUNDING MY PARTICIPATION IN THE ABOVE-NAMED EVENT. FURTHER, I DO, FOR MYSELF, MY HEIRS, EXECUTORS, AND ADMINISTRATORS, HEREBY ACCEPT FULL RESPONSIBILITY FOR MY PARTICIPATION AND AGREE TO INDEMNIFY, RELEASE, AND DISCHARGE THE WEST MAUI TASK FORCE, THE COUNTY OF MAUI, AND LAHAINA CANNERY MALL, ITS OFFICERS, EMPLOYEES, AGENTS, AND ASSIGNS FROM ANY AND ALL CLAIMS OR ACTIONS FOR PROPERTY DAMAGE, PERSONAL INJURY, AND/OR DEATH ARISING FROM SUCH PARTICIPATION IN THE ABOVE-NAMED EVENT OR GROWING OUT OF OR CAUSED BY ANY ACTS OR OMISSIONS DURING MY PARTICIPATION IN THE ABOVE-NAMED EVENT. FURTHERMORE, I THE UNDERSIGNED, GIVE MY PERMISSION TO RECORD/CAPTURE, BROADCAST, DISPLAY, AND/OR PUBLISH MY IMAGE AND/OR SOUND, OR WORK FOR EDUCATIONAL PURPOSES BY OR THROUGH THE WEST MAUI TASK FORCE, AND ITS VARIOUS PROJECTS AND ENDEAVORS. I UNDERSTAND THAT THE WEST MAUI TASK FORCE WILL HOLD THE COPYRIGHT OF THE RESULTING RECORDINGS AND ALL ANCILLARY MATERIALS. I ALSO UNDERSTAND THAT THERE WILL BE NO FINANCIAL OR OTHER REMUNERATION.

SIGNATURE (Typed name constitutes signature if submitting electronically)

DATE

If walker is under 18, **SIGNATURE OF PARENT/GUARDIAN:**

IN CASE OF EMERGENCY: Contact Person / Phone:

For more information please contact Maria Terra 808-463-8362
 *Please make checks payable to Women Helping Women