



Please join us for the 10th Annual Friends of the Library-Waikoloa Region

“5K Walk/Run for Literacy”

Saturday, November 9, 2019

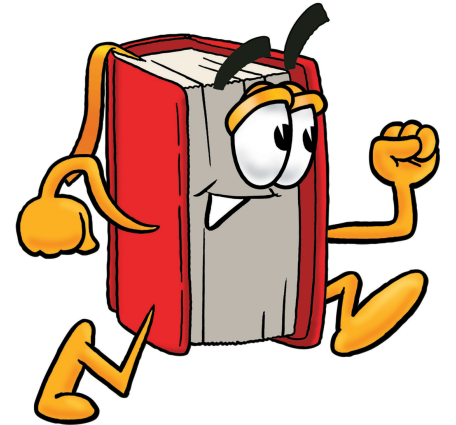
Registration at 6:15 a.m. 5K Walk/Run at 7:30 a.m.

Waikoloa School Parking Lot (at traffic light)

68-1730 Hooke St. Waikoloa Village, HI 96738

This is a straight out and back walk/run. To view the course, visit our website.

Additional details at flwr-runforliteracy.com



Entry Fees: \$20.00 adults (online) \$30.00 (race day)

\$10.00 youth (12 & under)

keiki in stroller-free (stroller-only wheeled entry allowed)

Awards: Top male/female categories—overall, 9 & under, 10 - 12, 13 - 15, 16 - 19, 20 - 29, 30 - 39, 40 - 49, 50 - 59, 60 - 69, 70 - 79, 80 + and Stroller 1st & 2nd (gender neutral)

Amenities: Custom designed race t-shirt, clock timing, water stops, post-race snacks

Name: _____ Age _____ Gender F M
Day of race

Email: _____ Phone: _____ Emergency # _____

Address: _____ City, State, Zip: _____

Preferred T-Shirt Size: shirt Shirt size guaranteed if registered by 10-8-2019

Circle One: Adult: Female: S M L XL Male: M L XL Youth: L

Register and pay with credit card on-line** by midnight Thurs. Nov. 7th

•at event with cash, credit card or check

•snail mail with check & completed form included to arrive no later than Thursday Nov. 7th

Friends of the Library - Waikoloa Region

P.O. Box 383283, Waikoloa, HI 96738

****Waikoloa Area: pre-registration T-shirt & race number pick-up at Waikoloa School Fri. Nov. 8th 5:00 - 6:30 PM**

Waiver must be read and signed before turning in: I am participating in a FL-WR event and I acknowledge that I am fully knowledgeable of my own physical limitations and I certify that I am physically fit and have not been advised otherwise by a qualified medical person. I understand that participating in this event is a potentially hazardous activity and I expressly assume all inherent risks associated with participating in this event, including, but not limited to: cuts, burns, scrapes, serious injury, and contact with other participants and/or objects. In consideration of 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 Friends of the Library-Waikoloa Region, their agents and representative caused by the actions of any of them arising out of my participation in this event including pre and post event activities. I consent to receive medical treatment that may be advisable in the event of illness or injuries suffered by me during this event. 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: _____ Date: _____

I have read & agree to the above

Parent/Guardian Waiver (minor under 18 years old)

The undersigned parent and/or guardian does hereby represent that he/she is, in fact, acting in such capacity.

X _____
Print: Name Parent/Guardian

X _____
Signature: Parent/Guardian

Date