



# HONOLULU EKIDEN & MUSIC FESTIVAL 2017 ENTRY FORM

May 21, 2017 5:30 am • Kapiolani Park

For Official Use Only

## Section 1: Team information

Relay Team Name: \_\_\_\_\_ Total Team Members: 2 3 4 5 6

Relay Team Member:  I am the Team Captain.  I am a team member.

Relay Team Division:  Open Male  Open Female  Co-ed (at least 1 male & 1 female)  The Masters = 300+  Kama'aina  Family  Corporate

(Select only one Team Division.)  Youth (6 runners with sum of ages less than 88)  All Male Student (High and/or Middle School)  All Female Student (High and/or Middle School)

Co-ed Student (High and/or Middle School)  University or College  Heroes (Military, Police, Firefighters, National Guard, Coast Guard, Life Guards)

## Section 2: Please print legibly. One form per team member. Send all team forms together. Only complete teams will be registered.

Sex  Male  Female Date of Birth (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on Race Day (Must be 10 years or older on May 21, 2017) \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address (street name, Apt No.) \_\_\_\_\_

City, State, Country (if other than USA) \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Day Time Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

Race Day Emergency Contact Name \_\_\_\_\_ Race Day Emergency Contact Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If under 18 years old, Name of Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian Contact Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### T-Shirt Size (Unisex T-Shirt)

XS S M L XL XXL

## Section 3: 2017 Registration Fees Fees are non-refundable and non-transferable. Total Amount Enclosed: \$ \_\_\_\_\_

Early: Until December 31, 2016**	Regular: Until May 18, 2017	Late Entry: May 20, 2017
<input type="checkbox"/> 2-person team \$100 / \$50 per person	<input type="checkbox"/> 2-person team \$120 / \$60 per person	<input type="checkbox"/> 2-person team \$140 / \$70 per person
<input type="checkbox"/> 3-person team \$150 / \$50 per person	<input type="checkbox"/> 3-person team \$180 / \$60 per person	<input type="checkbox"/> 3-person team \$210 / \$70 per person
<input type="checkbox"/> 4-person team \$200 / \$50 per person	<input type="checkbox"/> 4-person team \$240 / \$60 per person	<input type="checkbox"/> 4-person team \$280 / \$70 per person
<input type="checkbox"/> 5-person team \$235 / \$47 per person	<input type="checkbox"/> 5-person team \$285 / \$57 per person	<input type="checkbox"/> 5-person team \$335 / \$67 per person
<input type="checkbox"/> 6-person team \$240 / \$40 per person	<input type="checkbox"/> 6-person team \$300 / \$50 per person	<input type="checkbox"/> 6-person team \$360 / \$60 per person

\*\*Free In Training T-shirt for first 50 teams with 6 members (or 300 people).

## Section 4: Please read and sign.

I understand that participating in a road race is a potentially hazardous activity and can result in serious injury or death. I am aware of and I expressly assume all inherent and other risks associated with participating in this event, including, but not limited to, falls, contact with other participants, vehicles and other objects, the effects of weather, including high heat and humidity, traffic, and the conditions of the road.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person, and have received the necessary instruction to participate in the event safely. I acknowledge that this Document will be used by the event holders, sponsors, organizers, and others and that it will govern my actions and responsibilities at the event and related activities.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, relatives, family members, dependents, next of kin, successors, assigns and anyone asserting claims by or through me as follows: (A) I Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: City and County of Honolulu, State of Hawaii, Honolulu Ekiden Foundation, event sponsors, holders, directors, volunteers, as well as their directors, officers, employees representatives, and agents ("Released Parties"); (B) I agree to Indemnify, Defend and Hold Harmless the Released Parties from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of the Released Parties or otherwise. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during this event or relating to my participation in the event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness and voice to be used by the event holders, producers, sponsors, organizers, representatives and/or assigns in their sole discretion without payment.

This Document shall be construed broadly to provide a waiver, release, assumption of risk, indemnification and consent to the maximum extent permissible under applicable law. If any portion of this Document shall be declared unenforceable, that portion shall be considered severed and the remainder of the Document shall be valid and enforceable. I hereby certify that I have read this document and I understand its content.

Signature (You must sign here for processing) \_\_\_\_\_ Date \_\_\_\_\_

PARENT GUARDIAN WAIVER FOR MINORS (Under 18 years old)  
The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to the terms stated in this Document and further agrees to waive liability, release, save and hold harmless, defend and indemnify Released Parties from all liability, loss, cost, claim or damage whatsoever which may be imposed upon Released Parties because of any defect in or lack of such capacity to so act.

Signature of parent/guardian if under 18 years. (Applications will be accepted only with signature above.) \_\_\_\_\_ Date \_\_\_\_\_