

THE RUN FORREST RUN FRONT STREET MILE

SATURDAY, SEPTEMBER 15, 2007



RACE FEATURES:

- *RACE T-SHIRTS
- *RACE NUMBERS
- *REFRESHMENTS

RACE DAY:

CHECK-IN AT 1:30PM
At Bubba Gumps
START TIME AT 3:00PM
In front of Cheeseburger in Paradise

COURSE: A flat 1-mile course with an 800-meter turn around point. Course runs along the Historic Lahaina downtown area, overlooking beautiful beach coastline and a view of the island of Lana'i.

AWARDS: (MALE AND FEMALE)-RIGHT AFTER EACH RACE

ELITE MALE RACE: 1ST- \$1,000 2ND- \$500 3RD- \$250

OPEN, MASTERS AND YOUTH RACES: GOLD, SILVER, AND BRONZE MEDALS FOR TOP THREE PLACES AND PLACE AWARDS FOR THE NEXT SEVEN FINISHERS IN EACH RACE PER AGE GROUP.

REGISTRATION:

- *PRE-REGISTRATION POSTMARKED 9/09/2007 \$20-ADULTS & \$15 YOUTH UNDER 18
- *RACE DAY \$25-ADULTS & \$20-YOUTH UNDER 18
- ***YOUTH RACE** FREE IF VIRR **YOUTH** MEMBERS(MUST STATE SO ON APPLICATION AND WILL BE CROSS REFERENCED BEFORE RACE.)

IMPORTANT NOTICE:

- *COMPLETE AND SIGN FORM BELOW, AND INCLUDE CHECK OR MONEY ORDER WHEN MAILING. **CHECKS PAYABLE TO H.E.T.T. (HAWAII ELITE TRACK TEAM)**
- *MAIL FORM AND CHECK TO: P.O. BOX 1024, WAILUKU, HI 96793

PLEASE FILL OUT THIS FORM COMPLETELY: MAIL TO P.O. BOX 1024, WAILUKU, HI 96793
PREREGISTRATION POSTMARKED 9/09/2007 (\$20 & \$15) RACE DAY & POSTMARKED AFTER 9/09/2007 (\$25 & \$20)

DIVISION: (CIRCLE ONE) ELITE OPEN YOUTH MASTERS

SEX: MALE/FEMALE AGE: _____ DATE OF BIRTH: ____/____/____

LAST NAME: _____ FIRST NAME: _____

STREET ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONE# () _____ EMAIL _____

T-SHIRT SIZE: SM MED LRG XL

WAIVER STATEMENT: IN CONSIDERATION OF THE ACCEPTANCE OF MY ENTRY, I, INTENDING TO BE LEGALLY BOUND DO HEREBY FOR MYSELF, HEIRS, EXECUTORS, AND ADMINISTRATORS WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES AND CASES OF SUIT OR ACTION, KNOWN OR UNKNOWN, THAT I MAY HAVE AGAINST THE HAWAII ELITE TRACK TEAM, COUNTY OF MAUI, USATF, AND THE CITY AND MERCHANTS OF LAHAINA THROUGH WHICH THIS RACE IS ROUTED AND ANY SPONSORS, DIRECTORS, VOLUNTEERS, OFFICERS, AND AGENTS FOR ANY AND ALL INJURIES RESULTING FROM MY PARTICIPATING IN THE LAHAINA FRONT STREET MILE. I ATTEST THAT I AM PHYSICALLY FIT AND HAVE SUFFICIENTLY TRAINED FOR THIS EVENT. I ALSO GRANT PERMISSION FOR A DOCTOR OR NURSE TO TAKE ANY REMEDIAL ACTION IN CASE OF EMERGENCY. I ATTEST AND VERIFY THAT I KNOW THE RISKS OF ENTERING THIS RACE AND I ASSUME ALL EXPENSES IN THE EVENT OF AND ACCIDENT.

SIGNATURE:(PARENT/GUARDIAN) _____ DATE _____