## 2024 O'AHU VISITOR INDUSTRY CHARITY WALK **REGISTRATION FORM**

Donation Amount:

**VISITOR INDUSTRY CHARITY WALK** 





Saturday, May 4, 2024 at Ala Moana Beach Park – Magic Island Onsite registration open from 5 AM | Walk Starts at 7 AM

NAME			AGE
(LAST)	(FIRST)	(MI)	
CITY	STATE	ZIP	PHONE
TEAM/ORGANIZATION			501(c)3 : YES / NO
EMAIL ADDRESS:			
\$50.00	uggested donation to registe Adults (18 years and older) attached to this form): \$		
Walker Registration	<u> </u>		
<ul><li>\$50 suggested</li><li>\$25 suggested</li><li>If you are don</li></ul>	d donation for anyone 18 years d donation for anyone under th ating via check, please make i of this registration form for your	e age of 18 years It payable to <b>CHAR</b>	RITY WALK
	Visitor Indu 2270 Kalak	s can be mailed to ustry Charity Walk Caua Avenue, Suite solulu, Hawai'i 96815	D'ahu : 1702
	Email info@hawaiilodging		•
WAIVER OF LIABILITY:			
CHARITY WALK, on behalf of damages which I may have a the CHARITY WALK, their he CHARITY WALK, or as a resul	myself, my heirs, executors, administrating egainst you, the properties through whi rs, executors, administrator, successors	tors and assigns, I hear k ch the CHARITY WALK v and assigns for any and K and its affiliates the rig	ation of your permitting me to participate in your by waive and release any and all rights and claims fow waive and release any and all rights and claims fow will take place, as well as any person(s) connected we all injuries which I may suffer while taking part in the publish, print, display, record and use my nare devised.
	must be accompanied by an adult. must have this application signed by a	parent or guardian.	
X		Χ	
WALKER'S SIGNATURE		PARENT OR GUAR	DIAN (IF WALKER IS UNDER 18 YEARS)
	IMPORTANT: Walkers under the age of 18		
		024 Receipt (thi	is section for official use only)
	nor's Name:		Date:

\*Donations may be deductible