

**2024 HAWAII ISLAND'S
CHARITY WALK
REGISTRATION FORM**



May 11, 2024

The Queens Bowl at the Waikoloa Beach Resort

6:45 Race * 7:30 Walk

NAME _____ AGE _____

(LAST)

(FIRST)

(MI)

MAILING ADDRESS _____ TEL.NO. _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

TEAM/ORGANIZATION _____

Check : ☐ \$50 – Adults -Walk ☐ \$35 – Keiki (5-17) - Walk ☐ \$50 – Adults -RUN ☐ \$35 – Keiki (5-17) - Run
One

TOTAL DONATION AMOUNT (attached to this form): \$ _____

Walker Registration Information:

- If you are donating via check, please make it payable to **CHARITY WALK**

Forms can be mailed to:

Visitor Industry Charity Walk Hawaii'i Island
PO BOX 2898
Kamuela, HI 96743

For more information contact Bambi Lau at (808) 345-9285
Email HIChapter@hawaiilodging.org, or visit us at Charitywalkhawaii.org

WAIVER OF LIABILITY:

In consideration of the furtherance of your purposes, objectives and work, and in consideration of your permitting me to participate in your CHARITY WALK, on behalf of myself, my heirs, executors, administrators and assigns, I hereby waive and release any and all rights and claims for damages which I may have against you, the properties through which the CHARITY WALK will take place, as well as any person(s) connected with the CHARITY WALK, their heirs, executors, administrator, successors and assigns for any and all injuries which I may suffer while taking part in the CHARITY WALK, or as a result thereof. I also allow the CHARITY WALK and its affiliates the right to publish, print, display, record and use my name, image and likeness while at the CHARITY WALK in any and all media now known or hereafter devised.

Walkers under the age of 12 must be accompanied by an adult.

Walkers under the age of 18 must have this application signed by a parent or guardian.

X

WALKER'S SIGNATURE

X

PARENT OR GUARDIAN (IF WALKER IS UNDER 18 YEARS)

IMPORTANT: Walkers under the age of 18 must have this application signed by parent or guardian.

Hawaii Island Visitor Industry Charity Walk 2024 Receipt (Keep this receipt for your records)



Donor's Name:

*Donations may
be deductible

Donation Amount:

Date: