

# 19th Annual Memory Walk/5k Run

Our Vision: A world without Alzheimer's

**Sunday, September 7, 2008 – 7:00am**  
**Race Starts/Ends @ Fisherman's Wharf**

## CHARITY INFORMATION

All net proceeds from race entries and donations will help benefit the Alzheimer's Association – Aloha Chapter

## REGISTRATION

Entry forms are available on our website @ [www.alz.org/hawaii](http://www.alz.org/hawaii). Photocopies of this official entry form will be accepted. T-Shirts for those signing up after August 17 are not guaranteed. Deadline to enter: August 24 (postmarked).

There will be no race day entry permitted. There will be no confirmation of entry mailed! No transfers, no refunds.

For more information Call 808-591-2771, e-mail [Roger.Higa@alz.org](mailto:Roger.Higa@alz.org), or visit us at [www.alz.org/hawaii](http://www.alz.org/hawaii)

## TIMING OF RACE

Timing of race will be provided by Timeline Corporation.

## AWARDS

1st, 2nd, and 3rd overall and three deep in the following age group divisions: 9 and under, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-and above. Special Awards will also be given to the event's Top 3 fundraisers.

Individuals raising a minimum of \$100 will be eligible to win an Apple - iPhone.

Participants submitting their entries by August 17 will double their chance of winning one of our top prizes, giveaways and random drawing prizes.

## COURSE

The course is 5k (3.1 miles) in length. Please be in place for race instructions by 6:45am. Race starts and finish at Fisherman's Wharf. Race will start at 7:00am sharp! Route will take place on sidewalks and asphalt through Ala Moana Beach Park. No strollers, roller blades or pets will be allowed.

## PACKET PICK-UP

Commemorative t-shirts and race bibs must be picked up at the Ward Warehouse on Saturday, August 23 from 10am-5pm or Saturday, August 30 from 10am – 5pm.

## POST- RACE PROGRAM

An awards ceremony, refreshments, entertainment, and great door prizes will be provided for participants. Awards program will begin at 8:30a at Ward Warehouse (Mauka Parking Lot). Plan to stay awhile and enjoy the festivities!

## PARKING (Please car pool when possible)

Limited parking will be provided at Ward Warehouse parking structure and surrounding areas.

## -----OFFICIAL REGISTRATION-----

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>CIRCLE ONE:</b>	<b>Male</b>	<b>Female</b>
<b>Street Address</b>	<b>City</b>		<b>Zip Code</b>		
<b>ENTRY FEE \$30.00</b>	\$ _____	<b>Birth Date</b>	<b>Age on Race Day:</b> _____		
<b>ADDITIONAL DONATION \$</b>	_____	<b>Phone/Cell:</b>	_____		
<b>TOTAL</b>	\$ _____	<b>Email:</b>	_____		
<b>5K FINISHERS T-SHIRT SIZE (CIRCLE ONE):</b>	<b>S</b>	<b>M</b>	<b>L</b>	<b>XL</b>	<b>2XL</b>

**Make Check Payable to: Alzheimer's Association – Aloha Chapter (\$20.00 fee assessed for returned checks). Mail entry blank and payment to: Alzheimer's Association – Aloha Chapter, 1050 Ala Moana Blvd., Suite 2610, Honolulu HI 96814**

Mandatory Release: Please Read Carefully and sign. I acknowledge and agree that my Participation in or attendance at the Memory Walk/5k Run ("Event") involves inherent risks and dangers of accidents, personal and bodily injury (including death) and property loss or damage. These may result from my own actions or inactions, as well as the actions inactions of others, the rules of play, and the condition of the facilities, equipment, and vehicles. Further, there may be other risks not known to me and not reasonably foreseeable at this time. I have considered the nature and extent of the risks involved and I voluntarily choose to assume all such risks, both known and unknown, even those risks that result from the negligence of the Released Parties (defined below) or others, and assume full responsibility for my participation in the Event; I consent to treatment in the event of an emergency or other incident in which, in the reasonable judgment of the on-site personnel, I require medical care. I understand that the Event may be photographed, videotaped, or other wise recorded, and I agree that the Alzheimer's Association – Aloha Chapter may use my name and likeness (in any form and without regard to distortions or character, form or color, or any other alteration) in photographs, videotapes, audiotapes, and other media, without any additional consideration to me or to any third party. I, for myself and on behalf of my heirs, estate, insurers, successors and assigns, hereby release, indemnify and hold harmless Alzheimer's Association – Aloha Chapter, its officers, members, agents and representatives, and the successors, assigns, and insurers of such entities, Ward Warehouse, General Growth Properties (GGP), and the City and County of Honolulu. By signing above, the parent or legal guardian waives and agrees not to assert any claims it might have against the Released Parties arising out of the Event.

Participant Signature (Parent or legal guardian's signature, if under age 18) Date \_\_\_\_\_