



For More Information please contact us at [\(808\) 956-2532](tel:8089562532) or altheab@hawaii.edu

Saturday
February 4th, 2012

University of Hawai'i Manoa
Lower Campus

First Race Starts 8:00 AM

Packet Pick-Up on:

FRI - Feb 3rd 3:00pm – 7:00pm
SAT - Feb 4th 6:30am – 7:45am

Clarence T.C. Ching
Athletics Complex

The University of Hawai'i Women's Track and Field program will be holding its annual Manoa Mile on Saturday, February 4th, 2012. It is a fundraising event aimed to help the team members experience continued success. During its short time in the NCAA, the University of Hawai'i Women's Track and Field team has achieved national recognition including several All-American Honors. It is our hope that you will join us and have a fun and active experience.

The Manoa Mile will be held on the lower campus of the University of Hawai'i at Manoa. The course will start on Lower Campus Road and finish at the track in the Clarence T.C. Ching Athletics Complex. Each Mile race will be divided into various categories and participants with costumes will be welcome. Packet-Pick up for all participants will be at the Clarence T.C. Ching Athletics Complex on Friday February 3rd from 3:00pm – 7:00pm and Saturday February 4th from 6:30am – 7:45am.

Name: _____

Company (for Corporate Entries): _____

Address: _____

Email: _____ Phone: () _____

Sex (circle one)

Male	Female
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 D.O.B (mm/dd/yy) / /

T-Shirt Size (circle one)

XS	S	M	L	XL	2XL (+ \$2.00)
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****Please be sure to get your form to us by January 30th to guarantee your T-Shirt**

WAIVER/RISK & RELEASE STATEMENT: I/We, the undersigned, certify that I (or the above named child) am/is in good physical health and able to participate in all activities of the above named program. I/We, also understand and acknowledge that there are inherent dangers and risks involved with participation in the above named program which include but are not limited to *dangers that can range from minor injuries such as bruises, lacerations, strains, and sprains to serious catastrophic injuries, including permanent disability and death, as well as property loss & severe economic and social losses. These risks include, but are not limited to, those caused by (a) the actions, omissions or negligence of coaches, participants, competitors, volunteers, spectators; (b) conditions of the premises or equipment used; (c) rules of competition; (d) temperature; (e) weather; and (f) conditions of participants or competitors* I/we, understand that I should be covered during the **DATES OF THIS EVENT (February 4th, 2012)** by a private medical and liability policy; and I/We further understand that the University of Hawai'i does not provide such insurance or otherwise indemnify individuals with respect to injuries or other liabilities arising out of participation in the above named program. Therefore, in consideration of my being permitted to participate in the above named program, I/We hereby agree to assume all risks and responsibilities surrounding my (or my child's) participation in the above named program. I/We have read and understand any and all written materials setting forth the requirements for participation in the above referenced activity, as well as those explained by the instructor(s), and I agree to strictly observe them. Further, I/We do for myself (or my child), my heirs, executors and administrators hereby accept full responsibility for my participation and agree to indemnify, release and discharge the University of Hawai'i Foundation, University of Hawai'i, State of Hawai'i, it's officers, employees, agents and assigns from any and all claims for actions for property damage, personal injury, and/or death arising from such participation in the above named program or growing out of or causes by any acts or omissions during my participation in the above named program.

Print Name _____ Signature (of Parent/Legal Guardian) _____ Date _____

Please Enter Me In:

<input type="checkbox"/> Manoa Mile (Student) \$5	<input type="checkbox"/> Manoa Mile (Non-Student) \$10*	<input type="checkbox"/> Manoa Mile (Corporate) \$100* <small>** Enter a team of 5 with the Top 3 to score. You will be contacted for Names and T-Shirt sizes.</small>
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* a portion of your payment may be tax-deductible

Enclosed is my check made payable to: UH Foundation/Women's Track and Field in the amount of: \$ _____.

Please Charge \$ _____ to my: Visa Mastercard American Express Discover

Name as it appears on card: _____

Credit Card # _____ Security Code _____ Exp Date: _____ Signature: _____

I cannot attend, but please accept my donation of \$ _____ to the Women's Track and Field Program.

Mail completed form to: The Manoa Mile, ATTN: Women's Track & Field, 1337 Lower Campus Road, Honolulu, HI 96822; or fax form to: (808) 956-4504 or register online at www.koanuenue.org under the calendar of events.