



# Official Walker Form

Saturday, October 14, 2017

8:00 a.m. Registration, 8:30 - 9:30 a.m. Walk

Queen Ka'ahumanu Center



Sponsored by: *Foundation*

Walker form and monies due by **September 11** to guarantee t-shirt availability. Walkers registering after that date will receive a t-shirt on a first come, first serve basis. Please indicate t-shirt size (S - 2X available): \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ TEL. NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ ORGANIZATION/SCHOOL \_\_\_\_\_

In consideration of the furtherance of your purposes, objectives and work, and in consideration of your permitting me to participate in your KOKUA 4 KOKONUTS, 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 KOKUA 4 KOKONUTS will take place, as well as any person(s) connected with KOKUA 4 KOKONUTS, their heirs, executors, administrator, successors and assigns for any and all injuries which I may suffer while taking part in the KOKUA 4 KOKONUTS, or as a result thereof. I also allow KOKUA 4 KOKONUTS, and its affiliates the right to publish, print display, record and use my name, image and likeness at the KOKUA 4 KOKONUTS in any and all media now or hereafter devised.

X \_\_\_\_\_  
WALKER'S SIGNATURE

X \_\_\_\_\_  
PARENT OR GUARDIAN (IF WALKER IS UNDER 18 YEARS)

**All ages welcome — bring your strollers, walkers, etc! Participants under the age of 18 must have this form signed by a parent or guardian. Participants under the age of 12 must be accompanied by an adult.**

	PRINT SPONSORS'S NAME (FIRST & LAST)	ADDRESS	AMT PLEDGED	AMT COLLECTED
1	MY OWN CONTRIBUTION			
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15	Need more space? Continue on the back or feel free to make copies of this form.			

<b>I AM UNABLE TO PARTICIPATE BUT WOULD LIKE TO MAKE A DONATION</b>			
<p>*Minimum total donation is \$35.00 per walker. \$10.00 for kids 12 and under.*          Please make check payable to "MMMC Foundation".  <i>All donations are tax deductible. Tax ID #99-0330698</i>  <b>Mail walker form &amp; monies to:</b>          Maui Memorial Medical Center Foundation, 285 Mahalani Street, #4, Wailuku,          HI 96793, OR drop off at Queen Ka'ahumanu Center Guest Services Kiosk          during mall hours. Mahalo for your support!</p>	<b>TOTALS*</b>		