



LAVAMAN SUNSET 5K FUN RUN/WALK

Presented by: **Bikeworks Beach & Sports**



Start & Finish at the Queens' MarketPlace

Waikoloa Beach Resort



Aloha Friday MARCH 31ST ~ 5:15 pm start

For online registration & more info visit www.pathhawaii.org

This event is a benefit for the PATH Bike Safety Education Program and LavaKids.

REGISTRATION – \$20 for adults, \$10 for ages 14 & under. Race Day Registration Rates: \$25 for adults and \$15 for ages 14 & under. Online Registration: www.pathhawaii.org. Send entries by mail to: PATH P.O. Box 62 Kailua-Kona, HI 96745, or register in-person at Bike Works in Kona or Bikeworks Beach & Sports in Waikoloa. Make checks payable to PATH.

RACE DAY registration & check-in will open at 3:30 pm on Friday March 31st at the Queens' Market-Place at the Waikoloa Beach Resort. **COURSE** – A fun course through the Resort featuring beautiful sunset views and a preview of portions of the Lavaman Triathlon course. Run Course includes off-road sections. Please no baby joggers or strollers allowed.

<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>	M / F
Last Name		First Name		Date of Birth	Age	Gender (circle)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	City	State	Zip Code			
<input type="text"/>	<input type="text"/>					
Phone	email address					
<input type="text"/>	<input type="text"/>					
Emergency Contact	Emergency Contact Phone Number					

Waiver must be read and signed before submitting: I agree to comply with the rules and regulations of LAVAMAN Sunset 5k Fun Run/Walk event. I know that participating in this event is a potentially hazardous activity. I am aware of and assume all the risks associated with running/walking this event, including, but not limited to death, serious injury and loss, related to; falling, cardiac arrest, contact with other participants or objects along the course, insect stings, animal bites, abrasions, sprains and breaks. I certify that I am physically and mentally fit, have trained sufficiently in similar conditions to participate in this event, and have not been advised otherwise by a qualified medical person. Having read and understood this waiver, I and anyone acting on my behalf, waive and release Lavaman, LLC, PATH, Waikoloa Resort, Queens' MarketPlace and Bikeworks Beach & Sport. and all sponsors, donors, volunteers, their representatives and successors from all claims or liabilities of any kind arising out of negligence or carelessness. I am solely responsible for any injury I may receive during my participation in this event.

Payment Calculation	
Adult Registration (\$20)	\$ _____
Child 14 & Under (\$10)	\$ _____
Late Fee Race Day (\$5)	\$ _____
Annual PATH Membership Individual \$35/year	\$ _____
Additional donation	\$ _____
Total Enclosed:	\$ _____
Mail to: PATH PO Box 62 Kailua-Kona 96745 or Drop off at Bike Works	

Signature of Participant /Guardian signature if under 18 years of age Date