



2010

www.thekauaimarathon.com

Sunday, September 5, 2010 – 6:00 AM

- Register online at: www.thekauaimarathon.com
- Make Checks payable to: The Kauai Marathon
- Entries must be post marked no later than August 16, 2010
- Mail your completed entry form and payment to:
 - The Kauai Marathon
 - PO Box 573
 - Koloa, HI 96756
- Race packets, chips and race bags must be picked up at the Expo Friday, September 3, 2010 or Saturday, September 4, 2010.
- **MUST BE 16 YEARS OLD ON RACE DAY TO PARTICPATE IN FULL MARATHON**

PLEASE PRINT CLEARLY

Last Name: _____ First Name: _____ Birthdate: __/__/__ Age: ____ (on race day)

Sex: M/F Address: _____ City: _____ State: _____ Zip Code: _____

Country: _____ Phone (Day): _____ Phone (Night): _____

Email: _____ Emergency Contact: _____ Phone: _____

T-Shirt: Small (___) Medium (___) Large (___) X-Large (___) XX-Large (___)

Full Marathon (___) Half Marathon (___) Expected Time to complete the course _____

Entry Fees & Deadlines: (please circle one) Please note on-line registration is based on Pacific Standard Time.

*Full Marathon -\$180.00 until 12/31/09, \$200.00 1/1/10-3/31/10, \$225.00 thereafter

*Full Marathon Kama'aina & Active Military -\$85.00 until 12/31/09, \$105.00 1/1/10-3/31/10, \$125.00 thereafter

*Half Marathon -\$85.00 until 12/31/09, \$95.00 1/1/10-3/31/10, \$125.00 thereafter

*Half Marathon Kama'aina & Active Military -\$65.00 until 12/31/09, \$75.00 1/1/10-3/31/10, \$95.00 thereafter

Kama'aina must present valid Hawaiian Driver's License to pick up race packet/chip/bib at Expo, and Active Military must present current Military Identification to pick up race packet/chip/bib at Expo.

On-line registration will close August 31, 2010 at 11:59 Pacific Standard Time

___ Visa ___ MasterCard ___ Check Enclosed Card Number: _____

Exp. Date __/__/__ CVV# (this number is the three digits on the back of your card) _____

Card Holder Name: _____ Card Holder Signature: _____

Waiver must be read and signed before mailed:

I understand that running a road race is/could be a hazardous activity, which may cause personal injury or even death. I verify that I am medically fit and properly trained to enter and compete in this event. I agree to abide by decisions of the race officials relating to by ability to safely compete in this event. I assume all risks associated with participating in this event which are not limited to traffic, heat, humidity, conditions of roads/bridges, etc. I, and anyone entitled to act on my behalf waive/release The Kauai Marathon, LLC, all sponsors and their representatives, event staff, from all claims and/or liabilities of any kind arising from my participation in this event.

Signature: _____

Date: _____

Parent's/Guardian's Signature if under 18. _____