

**THE 8th ANNUAL BUBBA GUMPS
LAHAINA FRONT STREET MILE
SATURDAY, SEPTEMBER 19, 2009**



**RACE DAY: CHECK-IN AT 1:30PM ADJACENT TO BUBBA GUMPS
START TIME AT 3:00PM In front of BUBBA GUMPS**

COURSE: A flat 1-mile course with an 800-meter turn around point. Course runs along the Historic Lahaina downtown area, overlooking beautiful beach coastline and a view of the island of Lana'i.

AWARDS: (MALE AND FEMALE)-RIGHT AFTER EACH RACE

OPEN MALE/FEMALE RACES: 1ST - \$250 2ND - \$150 3RD - \$75

ELITE RACES 1ST - \$1,000 2ND - \$500 3RD - \$250

OPEN, MASTERS AND YOUTH RACES: GOLD, SILVER, AND BRONZE MEDALS FOR TOP THREE PLACES AND PLACE AWARDS FOR THE NEXT SEVEN FINISHERS IN EACH RACE PER AGE GROUP.

REGISTRATION:

*PRE-REGISTRATION POSTMARKED 9/11/2009 \$20-ADULTS & \$15 YOUTH UNDER 18

*POST 9/11/2008 OR RACE DAY \$30-ADULTS & \$25-YOUTH UNDER 18

***YOUTH RACE FREE IF VIRR YOUTH MEMBERS(MUST STATE SO ON APPLICATION AND WILL BE CROSS REFERENCED BEFORE RACE.) ALL VIRR YOUTH MEMBERS SHOULD BE REGISTERED FOR RACE PRIOR TO RACE DAY.**

IMPORTANT NOTICE:

*COMPLETE AND SIGN FORM BELOW, AND INCLUDE CHECK OR MONEY ORDER WHEN MAILING. CHECKS PAYABLE TO H.E.T.T. (HAWAII ELITE TRACK TEAM)

*MAIL FORM AND CHECK TO: P.O. BOX 1024, WAILUKU, HI 96793

PLEASE FILL OUT THIS FORM COMPLETELY: MAIL TO P.O. BOX 1024, WAILUKU, HI 96793

PREREGISTRATION POSTMARKED 9/11/2009 (\$20 & \$15) RACE DAY & POSTMARKED AFTER 9/11/2009 (\$30 & \$25)

DIVISION: (CIRCLE ONE) ELITE OPEN YOUTH MASTERS

SEX: MALE/FEMALE AGE: _____ DATE OF BIRTH: ____/____/____

LAST NAME: _____ FIRST NAME: _____

STREET ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONE# () _____ EMAIL _____

T-SHIRT SIZE: SM MED LRG XL

WAIVER STATEMENT: IN CONSIDERATION OF THE ACCEPTANCE OF MY ENTRY, I, INTENDING TO BE LEGALLY BOUND DO HEREBY FOR MYSELF, HEIRS, EXECUTORS, AND ADMINISTRATORS WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES AND CASES OF SUIT OR ACTION, KNOWN OR UNKNOWN, THAT I MAY HAVE AGAINST THE HAWAII ELITE TRACK TEAM, COUNTY OF MAUI, USAF, AND THE CITY AND MERCHANTS OF LAHAINA THROUGH WHICH THIS RACE IS ROUTED AND ANY SPONSORS, DIRECTORS, VOLUNTEERS, OFFICERS, AND AGENTS FOR ANY AND ALL INJURIES RESULTING FROM MY PARTICIPATING IN THE LAHAINA FRONT STREET MILE. I ATTEST THAT I AM PHYSICALLY FIT AND HAVE SUFFICIENTLY TRAINED FOR THIS EVENT. I ALSO GRANT PERMISSION FOR A DOCTOR OR NURSE TO TAKE ANY REMEDIAL ACTION IN CASE OF EMERGENCY. I ATTEST AND VERIFY THAT I KNOW THE RISKS OF ENTERING THIS RACE AND I ASSUME ALL EXPENSES IN THE EVENT OF AND ACCIDENT.

SIGNATURE:(PARENT/GUARDIAN) _____

DATE _____