4th Annual County of Hawai'i Fire Department

Emergency Medical Services / 5K Family Fun Run / 2 Mile Walk

Saturday, May 22, 2004

EMS
THERE WHEN YOU NEED US

The 2004 EMS Run is dedicated to the memory of Mandy Shiraki, Danny Villarios and Ron Laubacher, who recently lost their lives while flying to the Big Island for a medical transport.

We have commissioned a special commemorative t-shirt to honor our fallen heroes.

SPENCER HEALTH & FITNESS CENTER
Division of Spencer Enterprises, Inc.

RRCA
ROAD RUNNERS CLUB OF AMERICA

Start Time:	**8:30 AM**
Check-In & Late Registration:	**7:00 AM—8:00 AM**
Place:	**Liliuokalani Park**
Distance:	**5K / 3.1 Miles or 2 Mile Walk**
Entry Fee:	**$20 Adults / $10 Students / $5 Children 10 & Under. T-shirt provided with entry fee. DEADLINE is FRIDAY, May 14, 2004. Entries received after the deadline cannot be guaranteed a t-shirt. $5 Discount for Big Island Road Runners Club Members.**
Awards:	**Age Group Awards for Runners and Random Prize Drawings for all participants.**

Bring the entire family for a day of fun at the park.

Check out the displays and entertainment for the kids.
For more information, call (808) 938-5081 or runnfasst@yahoo.com

Professional Timing by JTL Timing Systems.

The Hawaii Bone Marrow Registry will be conducting a FREE bone marrow donor registration and testing. Potential donors must be between 18 & 60 and in general good health. For more information, call the Hawaii Bone Marrow Registry at 1-877-443-6667.

Proceeds to benefit the Hawaii Bone Marrow Registry and also help a County of Hawaii Firefighter's 3 year old son in his battle with leukemia.

Mail-In Registration Form (Clip & Mail) One Entry Per Person / Please Print Clearly
County of Hawai'i Fire Department Emergency Medical Services Family Fun Run/ Walk—May 22 2004.

Make Checks payable to: EMS Run
Mail entries to: EMS Run / c/o JTL Timing Systems / 73-4158 Kaala Place / Kailua-Kona, HI 96740 or drop off at HFD Administration Office in the County Building

Please check one:
☐ **5K RUN** ☐ **WALK**

Last Name **First Name** **M.I.**

Mailing Address **Apt. Number** **Zip Code**

City **State**

Daytime Phone Number **Date of Birth** **Age on Race Day**

☐ **Male** ☐ **Female** ☐ **BIRRC Member**

ADULT T-Shirt Size

☐ **SML** ☐ **MED** ☐ **LGE** ☐ **XLGE** ☐ **XXLGE**

YOUTH T-Shirt Size

☐ **XSML** ☐ **SML** ☐ **MED** ☐ **LGE**

Waiver Must Be Read and Signed BEFORE Mailing: I know that running is a potentially hazardous activity. I should not enter or run this event unless I am medically able and properly trained. I assume all risks associated with running in this race including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release Hawai'i County Emergency Medical Services 911 Family Fun Run/Walk, Hawai'i County and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. All fees are non-refundable.

Signature: _____ **Date:** _____

Parent's Signature if under 18: _____