

2022 MAUI COUNTY CHARITY WALK REGISTRATION FORM



The Visitor Industry Charity Walk Maui County will take place
In-person – August 20, 2022 (7 am-10 am) at War Memorial
Virtual Walk – August 13-20 via MoveSpring

NAME _____ AGE _____
(LAST) (FIRST) (MI)

MAILING ADDRESS _____ TEL.NO. _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

TEAM/ORGANIZATION _____

Minimum donation to register for the Maui Visitor Industry Charity Walk: \$50.00

TOTAL DONATION AMOUNT (included with this form): \$ _____

Walker Registration Information:

- This year's walk will be a hybrid event. Be prepared for fun activities to pop up along the way!
- Upon submission of this form and the applicable donation amount, the Maui County Visitor Industry Charity Walk will provide you with optional hybrid with in-person date Charity Walk Virtual Access code.
- If you are donating via check, please make it payable to **CHARITY WALK**

Forms must be submitted to:

Team captain/recruiter: _____

By: _____

For more information contact Christine at 808-244-8625 | info@mauihla.org

WAIVER OF LIABILITY:

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

Walkers under the age of 12 must be accompanied by an adult.

Walkers under the age of 18 must have this application signed by a parent or guardian.

X _____
WALKER'S SIGNATURE

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

IMPORTANT: Walkers under the age of 18 must have this application signed by parent or guardian.



Visitor Industry Charity Walk 2022 Receipt (this section for official use only)

Donor's Name: _____

Donation Amount: _____

Date: _____

*Donations may be deductible

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My Sponsor Pledges

<i>PRINT SPONSOR'S FIRST & LAST NAMES</i>		<i>DONATION AMOUNT</i>
1	MY OWN CONTRIBUTION	\$50
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
	TOTAL DONATIONS RECEIVED	