48TH ANNUAL HAWAI'I PACIFIC HEALTH WOMEN'S 10K & 5K FUN RUN Sunday, Jan. 25, 2026

Mail-in entry forms must be postmarked by **Jan. 21, 2026.** For more information, visit HPHWomens10K.org. For questions, contact info@NaWahineRacingHI.com.

10K ENTRY FEES

CATEGORY	Before Nov. 24, 2025	Before Jan. 23, 2026	Before Jan. 24, 2026
Individual	$55.00	$70.00	$80.00
Student/Active Military	$50.00	$65.00	$75.00
HPH Employee	$40.00	$55.00	$65.00

Price is based on postmarked date.

5K ENTRY FEES

CATEGORY	Before Nov. 24, 2025	Before Jan. 23, 2026	Before Jan. 24, 2026
Individual	$50.00	$65.00	$75.00
Student/Active Military	$45.00	$60.00	$70.00
HPH Employee	$35.00	$50.00	$60.00

VIRTUAL 10K & 5K FUN RUN ENTRY FEES

CATEGORY	Before Nov. 24, 2025	Before Jan. 23, 2026	Before Jan. 24, 2026
VIRTUAL 10K & 5K FUN RUN	$40.00	$45.00	$55.00

Mail form and payment (check preferred) to:

Na Wahine Racing | 330 Cooke St. | Honolulu, HI 96813

I am registering for ☐ **In-person 10K** ☐ **Virtual 10K** ☐ **In-Person 5K Fun Run** ☐ **Virtual 5K Fun Run**

Registration type: ☐ **Team of Three** ☐ **Student/Active Military** ☐ **HPH Employee** _____

Employee ID number

Women's shirt size (may run small): ☐ **X-Small** ☐ **Small** ☐ **Medium** ☐ **Large** ☐ **X-Large** ☐ **XX-Large**

First Name _____ Last Name _____ Email _____

Phone number _____ Birth Date (MM/DD/YYYY) _____

Street Address _____ City _____ State _____ Zip Code _____

WAIVER AND RELEASE STATEMENT: I attest I have read and agree to abide by the rules of the virtual race. I will not participate in a virtual event unless I am medically able and properly trained and, by my signature, I certify that I am medically able to perform this event and I am in good health. I am aware of and assume all risks associated with running a virtual event on my own, including, but not limited to, falls, weather (heat and humidity), and traffic and road conditions, all such risks being known or unknown and appreciated by me when out running on my own without any type of support from local officials or event organizers. In consideration for acceptance of this entry, I, for myself and anyone entitled to act on my behalf, waive and release Hawai'i Pacific Health and its affiliates, City and County of Honolulu, State of Hawai'i and representatives of this event from any and all injuries suffered by me.
I give permission for free use of my name, voice or photo in any broadcast, telecast, advertisement or promotion of this event.

In the event the race is cancelled, I acknowledge that no refunds or race registration transfers will be given.

I AGREE that electronic submission of this application constitutes agreement to all the terms of this waiver and release statement.

Signature / Signature of parent or guardian if under age 18 _____ Date _____

@HawaiiPacificHealth **@HawaiiPacHealth** **@HawaiiPacificHealth** **@HawaiiPacificHealth**

#HPHWomens10K