

Emerald Miles 2014 Registration Form

Must be postmarked by 3/17/14 for pre-registration

First Name: _____

Last Name: _____

Address: _____

City, State, Zip: _____

E-mail: _____

Date of Birth: _____ Gender: M ___ F ___

Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

How did you hear about the race?

Team Name (if applicable): _____

Category:

5K Run 5K Walk

I am not able to run/walk but would like to donate!

♣ Please credit _____
(participant or team) for my donation. (if applicable)

Payment enclosed:

\$30 Adult Pre-Registration (13 and over)

\$15 Child Registration (12 and under)

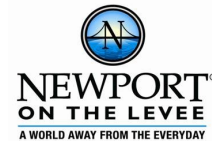
Circle T-shirt Size: Youth S M L

Adult S M L XL XXL

I have signed the waiver on the back of this form

Mail payment and completed registration form to the
Epilepsy Foundation (address on reverse)

Sponsored by:



EPILEPSY FOUNDATION®
GREATER CINCINNATI AND COLUMBUS
Not another moment lost to seizures®

Epilepsy Foundation of
Greater Cincinnati and
Columbus

895 Central Ave., Suite 550
Cincinnati, OH 45202

Phone: 513-721-2905/877-804-2241
Website: www.epilepsy-ohio.org
E-mail: efgcc@epilepsy-ohio.org



Emerald MILES

5K RUN/WALK 3.22.14

IN LOVING MEMORY OF DENNIS STEMLER

March 22, 2014

9:00 am

1 Levee Way Newport, KY 41071



EPILEPSY FOUNDATION®
GREATER CINCINNATI AND COLUMBUS
Not another moment lost to seizures®

Epilepsy Foundation of
Greater Cincinnati and
Columbus

Emerald Miles 5K Run/Walk 2014

Your participation in this event helps the Epilepsy Foundation provide valuable services to our community including: counseling, support groups, community education, group homes, Camp Flame Catcher for youth with epilepsy, an Adult Day Activity Program and much more! To find out more about the unique services the Epilepsy Foundation provides, visit:
www.epilepsy-ohio.org



Support people with epilepsy by either running or walking the 5K scenic course that starts at Newport on the Levee, crosses over the Ohio River, loops through Sawyer Point into Cincinnati and then returns to the Levee via the Purple People Bridge.



Numerous awards will be handed out including:

- ♣ Trophies to the first male and female runners and walkers
- ♣ Medals to the first and second place finishers in each age division:
 - ♣ Runner's Divisions: 14 and under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-69, 70 and over.
 - ♣ Walker's Divisions: 19 and under, 20-29, 30-39, 40-49, 50-59, 60-69, 70 and over.



Bonus!

If you have 20 or more individuals on your team who register & pay by 3/5/2014, let us know and we will put your team name on the sleeve of the event shirts of those participants!



Refreshments & music will be available after the race



Questions? Call the Epilepsy Foundation at 513-721-2905

Registration information:

Fees:

- ♣ Adults (13 and over) Pre-registration is \$30 (includes an event shirt*); Same day registration is \$30 for the race only or \$35 with an event shirt, while supplies last.
- ♣ Children (12 and under) are \$15 (includes an event shirt*)

Children in strollers are free, but do not receive event shirt or awards

To pre-register, your registration form must be **post-marked** by 3/17/14 or completed on-line by noon on 3/19/14.

Packet pick-up:

If you are pre-registered, you can beat the crowd on race morning by picking up your number and shirt early during these times:

- ♣ Thursday, March 20 from 3:00-6:00 pm at the Epilepsy Foundation's office downtown (895 Central Ave., Suite 550, Cincinnati, OH 45202)
- ♣ Friday, March 21 from 3:30-6:30 pm at Bob Roncker's Running Spot in O'Bryonville (1993 Madison Rd., Cincinnati, OH 45208)

All pre-registration event shirts must be picked up by 9:00 am on race day or they will be forfeited



The race starts at 9:00 am; same day registration is from 7:30 am - 8:30 am



Emerald
MILES
5K RUN/WALK 3.22.14
IN LOVING MEMORY OF DENNIS STEHLER

To pay by:

- ♣ Check: Mail registration form and check to:
Epilepsy Foundation of Greater Cincinnati and Columbus
895 Central Ave., Suite 550
Cincinnati, OH 45202

- ♣ Credit Card: Mail registration form with your credit card information to the address above:

MasterCard Visa American Express Discover

Card # _____

Expiration Date: _____ Security Code: _____

Amount: _____

Signature: _____

(you **must** fill in all of your address and phone info. on the reverse side to use credit card for payment)

- ♣ To register on-line, go to: www.epilepsy-ohio.org and follow the Emerald Miles link.

*By mailing check and registration form, a service fee will not apply. ♣♣♣

WAIVER: In consideration of the acceptance of my entry, I hereby waive on behalf of my heirs, executors and assigns, all claims of any nature arising from my participation in the Emerald Miles run/walk, and do hereby release the Epilepsy Foundation of Greater Cincinnati and Columbus, all sponsors, workers, officials and volunteers from any claim whatsoever arising from my participation in this event. I agree to abide by all the rules of participation, and acknowledge that the Race Committee may refuse or return my entry at its discretion. I understand the risks for such a run, and have trained adequately in preparation for the run. I HAVE NOTED ANY MEDICAL CONDITION on this entry form next to my signature. I will permit the use of my name and picture participating in this event for publicity.

Signature _____

Parent Signature (if under 18) _____