

Emerald Miles 2017 Registration Form

Must be postmarked by 3/06/17 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)

T-Shirt Option:

I would like a regular shirt

I have epilepsy and would like a purple shirt

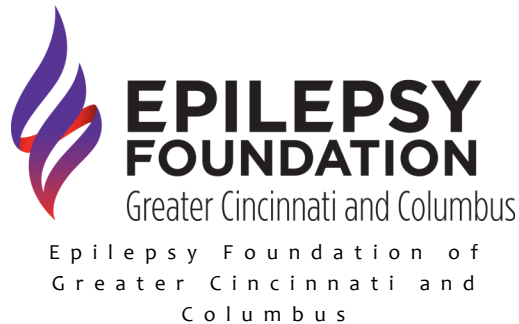
Circle T-shirt Size: Youth S M L

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:



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 3.11.17

IN LOVING MEMORY OF DENNIS STEMLER

March 11, 2017

9:00 am

Newport on the Levee

1 Levee Way Newport, KY 41071



Epilepsy Foundation of
Greater Cincinnati and
Columbus

Emerald Miles 5K Run/Walk 2017

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, please 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
- ♣ Awards 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.



Register your team by 2/24/17 and your team name will be included on the back of the shirt!



Register early! Anyone registering after 2/24/17 WILL NOT be guaranteed an event shirt.



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*); Early packet pickup \$35.00 and same day registration is \$40 with an event shirt while supplies last.
- ♣ Children (12 and under) Pre-registration is \$15 (includes an event shirt*); Early packet pickup is \$20.00 and same day registration is \$25 with an event shirt while supplies last.

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

To pre-register, your registration form must be **post-marked** by 3/6/17 or completed on-line by noon on 3/8/17.

Early 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 9 from 3:00-5:30 pm at the Epilepsy Foundation's office downtown (895 Central Ave., Suite 550, Cincinnati, OH 45202)
- ♣ Friday, March 10 from 3:00- 5:30 pm at the Epilepsy Foundation's office downtown
- ♣ *All pre-registration event shirts must be picked up by 9:00 am on race day or they will be forfeited*



Emerald
MILES
5K RUN/WALK 3.11.17
IN LOVING MEMORY OF DENNIS STEMLER

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



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: Fill out registration on back and mail registration form with your credit card information to the above address:

MasterCard Visa American Express Discover

Card # _____

Expiration Date: _____ Security Code: _____

Amount: _____

Signature: _____

(you **must** fill in all of your billing information 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)