

Run to Erase Epilepsy 2022 Registration Form

Must be postmarked by 4/11/22 or 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:

- 3 Mile Run 3 Mile 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 Pre-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 2XL

- I have signed the waiver on the back of this form

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

Sponsored by:



Run **your** race. . .

For **your** reason

Saturday, April 16, 2022

9:00 am

Genoa Park/Scioto Mile

303 W Broad St

Columbus ~ OH ~ 43215



895 Central Ave, Ste 550 ~ Cincinnati ~ OH ~

45202-5757

Phone: 513-721-2905 or toll free 877-804-2241

3857 N High St, Ste 206 ~ Columbus ~ OH ~

43214-3752

Phone: 614-725-1015

Website: www.epilepsy-ohio.org

E-mail: eao@epilepsy-ohio.org



Run to Erase Epilepsy 5K Run/Walk

2022

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

Support people with epilepsy by either running or walking the 3 mile scenic course that starts at COSI and runs along both sides of the Scioto River

Trophies to the first male and female runners and walkers.

Medals to the first and second place finishers in each age division:

Runners 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 Division: 19 and under, 20-29, 30-39, 40-49, 50-59, 60-69, 70 and over.

Gather your family and friends to start a team! Register your team by 3/25/22 and your team name will be included on the back of the shirt!

Register early! Anyone registering after 3/25/22 WILL NOT be guaranteed an event shirt, they will be available as long as supplies last.

Refreshments & music will be available after the race

Questions? Call the Epilepsy Alliance at 614-725-1015

Registration information:

Fees:

- * Adults (13 and over) Pre-registration is \$30 (includes an event shirt); Registration at packet pick-up is \$35; 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); Registration at packet pick-up is \$20; and Same day registration is \$25. . . with an event shirt while supplies last.
- * Children 2 and under in strollers are free, but do not receive event shirt

To pre-register, your registration form must be **post-marked** by 4/11/22 .

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 on Friday, April 8 from 5:00– 7:00 pm at Road Runner Sports (535 Lakeview Plaza Blvd, Worthington, OH 43085-6728)

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



To pay by:

- * Check: Mail registration form and check to:

Epilepsy Alliance Ohio
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 Run to Erase Epilepsy link.

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 Run to Erase Epilepsy run/walk, and do hereby release the Epilepsy Alliance Ohio, 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)

*Medical condition