

# Emerald Miles 2022 Registration Form

Must be postmarked by 3/7/2022 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:

\$35 Adult Pre-Registration (13 and over)

\$20 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 Alliance Ohio (address on reverse)

## Thank You to Our Sponsors!!



NEWPORT  
ON THE LEVEE



# Emerald MILES

**5K RUN/WALK 3-12-22**

IN LOVING MEMORY OF DENNIS STEMLER

Saturday, March 12, 2022

9:00 am

Newport on the Levee

1 Levee Way Newport, KY 41071



## Emerald Miles 5K Run/Walk 2022

Your participation in this event helps the Epilepsy Alliance Ohio 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 Alliance Ohio provides, please visit:

[www.epilepsy-ohio.org](http://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.



Register your team by 2/25/2022 and your team name will be included on the back of the shirt!



Register early! Anyone registering after 2/25/2022 WILL NOT be guaranteed an event shirt.



Refreshments & music will be available after the race



## Registration information:

### Fees:

- ♣ Adults (13 and over) Pre-registration is \$35 (includes an event shirt\*); Same day registration is \$40 with an event shirt while supplies last.
- ♣ Children (12 and under) Pre-registration is \$20 (includes an event shirt\*); 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 3/7/2022. Or you can **register online** at <https://runsignup.com/Race/KY/Newport/EmeraldMiles5KRunWalk>

### 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 10th, from 12 pm-5:00 pm at the Epilepsy Alliance's office downtown (895 Central Ave., Suite 550, Cincinnati, OH 45202)
- ♣ Friday, March 11th, from 12:00 pm- 5:00 pm at the Epilepsy Alliance'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 5-12-22  
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 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](http://www.epilepsy-ohio.org) and follow the Emerald Miles 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 Emerald Miles 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) \_\_\_\_\_