

# Emerald Miles 2023 Registration Form

Must be postmarked by 3/6/2023 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) **without Shirt**

\$40 Adult Pre-Registration with Shirt

\$20 Child Registration (12 and under) **Without Shirt**

\$25 Child Registration (12 and under) with shirt

T-Shirt Option | If shirt option is chosen:

I would like a regular shirt

I would like a purple shirt for epilepsy

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!!



HOFBRÄUHAUS  
NEWPORT  
BREWERY & RESTAURANT



# Emerald MILES

**5K RUN/WALK 3-11-23**

IN LOVING MEMORY OF DENNIS STEMLER

Saturday, March 11, 2023

9:00 am

Hofbräuhaus, Newport, KY 41071



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## Emerald Miles 2023

**The Course:** Participants will traverse across the Purple People Bridge, run through the parks along the beautiful Ohio River and finish by coming back across the Purple People Bridge.



**The Cause:** Your support will help to provide local invaluable resources for people with epilepsy including our camp, support groups, counseling and much more.



**The Place:** We will gather before and after the race at the Hofbräuhaus in Newport.



**The Date/Time:** Saturday, March 11, 2023

Race starts at 9:00 am

packet pick-up starting at 8:00 am



### Early Pack Pick-up

- ♣ Thursday March 9, Noon – 5 pm
- ♣ Thursday March 10, Noon – 5 pm

Both dates at the Epilepsy Alliance Ohio Offices:

895 Central Ave., Suite 550  
Cincinnati, OH 45202



### Race Shirts:

In order to get a race shirt, you need to register by March 1, 2023. Anyone registering after March 1, 2023 can NOT get a shirt.



## Emerald Miles 2023

### March 11, 2023

Same great race benefitting the same great cause, but now it will start and finish at Hofbräuhaus in Newport, Kentucky.

This new venue will give us space for pre-registration as well as an awesome after party, including one free beer for all adult participants, music, food and much more.



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Gather your family and friends to start a team and support people with epilepsy.

Go to our website at [www.epilepsy-ohio.org](http://www.epilepsy-ohio.org) and follow the links to set up your team and register!



## 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) \_\_\_\_\_