

STRIDES FOR EPILEPSY 5K

MAIL IN REGISTRATION FORM

****Attached Waiver Form Must Accompany Registration!***

Registration Fees: (Includes T-Shirt) \$20; \$30 after 3/17/2019; \$35 on 6/9/2019
Child 12 and under (includes t-shirt) \$10; \$15 after 3/17/2019; \$20 on 6/9/2019
(wee ones in strollers are free!)

Runner / Walker Information *Fill out completely. Please print clearly.*

Male Female T-Shirt Size: (Adult) S M L
 XL XXL

Walk Run Date of Birth: _____

Part of a team? No Yes-Team Name: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Registering more than one person? List additional names here!

_____	<input type="checkbox"/> M <input type="checkbox"/> F	DOB: _____	<input type="checkbox"/> Walk <input type="checkbox"/> Run	T-Shirt Size: _____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	DOB: _____	<input type="checkbox"/> Walk <input type="checkbox"/> Run	T-Shirt Size: _____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	DOB: _____	<input type="checkbox"/> Walk <input type="checkbox"/> Run	T-Shirt Size: _____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	DOB: _____	<input type="checkbox"/> Walk <input type="checkbox"/> Run	T-Shirt Size: _____

Payment Method

Check Cash Credit Card

Please Select One: Visa MC AmEx Discover

Name on Card: _____ Card #: _____

Exp. (month/year): _____ Verification Code: _____

Signature: _____ Date: _____



Please mail completed forms to:
Epilepsy Foundation of Colorado
5889 Greenwood Plaza Blvd. Ste. 404
Greenwood Village, CO 80111

Waiver and Release of Liability and Assumption of Risk and Indemnity Agreement

In consideration of being permitted to participate in the Strides for Epilepsy 5K Walk/Run (the "Event") as a walker, runner, or volunteer, or in any other capacity, I, for myself, my heirs, next of kin, and personal representatives: Represent that I am qualified, in good health, and in proper physical condition to participate in the Event and that I will stop my participation if I believe this Event becomes unsafe.

I acknowledge and understand fully that there are risks and dangers of serious bodily injury and death that could result from my participation in the Event from any cause. Being aware of these risks and dangers, I have voluntarily elected to participate in the Event, and I fully accept and assume all risks and all responsibility for any injury, losses, and damages to persons or property that I incur as a result of my participation in the Event.

I hereby agree not to sue and not to release, discharge, waive, hold harmless, and indemnify the Epilepsy Foundation of Colorado and their respective officers, directors, employees, volunteers, sponsors, advertisers, participants, agents, and representatives from and against any and all liabilities, claims, demands, losses, damages, suits, and proceedings, regardless of the cause.

I have read this agreement and understand that I have given up substantial rights by agreeing to it.

Date _____

Signature _____