

National Walk for Epilepsy 2018 Registration Form

Walker Information				
First Name:		Last Name:		
Email:		Phone Number:		
Address:				
City:		State:	ZIP:	
Company Name:				
Registration Type:		Adult	Youth (under age 12)	Virtual Walker
Super Early Bird - Now thru October 31	<input type="checkbox"/> \$30	<input type="checkbox"/> \$20	<input type="checkbox"/> \$35	I would like to:
Early Bird – November 1 – January 14	<input type="checkbox"/> \$35	<input type="checkbox"/> \$25	<input type="checkbox"/> \$40	<input type="checkbox"/> Join a Team
Registration – January 15 – March 16	<input type="checkbox"/> \$40	<input type="checkbox"/> \$30	<input type="checkbox"/> \$45	<input type="checkbox"/> Start a Team
LATE Registration – March 17 – April 14	<input type="checkbox"/> \$50	<input type="checkbox"/> \$40	<input type="checkbox"/> \$55	Team Name:
Fundraising Goal: \$ (\$350 minimum)				
Emergency Contact Name:		Emergency Contact Phone Number:		
Note: All Team Captains must list an Emergency Contact who will not be attending the 2018 National Walk for Epilepsy.				
T-Shirt Size:				
<input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult XLarge <input type="checkbox"/> Adult XXLarge				
<input type="checkbox"/> I would like to be recognized as someone living with epilepsy.				
Epilepsy Foundation Affiliate (if applicable):		<input type="checkbox"/> I am walking as part of the SUDEP Team.		
Payment Information				
Check#:		Check Date:		
Make checks payable to: National Walk for Epilepsy.				
Credit Card #:		Exp. Date:	CVV code:	
I'd like to inspire others by making a donation! \$		Registration Fee (from above): \$	Total: \$	
Signature:			Date:	

WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK AND INDEMNITY

AGREEMENT. In consideration of being permitted to participate in the 2018 National Walk for Epilepsy (the "Event") as a walker, runner or volunteer, or in any other capacity, I, for myself, my heirs, next of kin, assigns 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. 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 FULLY ACCEPT AND ASSUME ALL RISKS AND ALL RESPONSIBILITY FOR ANY INJURY, LOSSES AND DAMAGES TO PERSON OR PROPERTY THAT I INCUR AS A RESULT OF MY PARTICIPATION IN THE EVENT. I HEREBY AGREE NOT TO SUE AND TO RELEASE, DISCHARGE, WAIVE, HOLD HARMLESS AND TO INDEMNIFY THE EPILEPSY FOUNDATION AND ITS AFFILIATES 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 agree to permit the use of my name and/or likeness in any record or communication relating to the Event for a legitimate purpose, without compensation or remuneration. I have read this agreement and understand that I have given up substantial rights by agreeing to it. We reserve the right to cancel in extreme circumstances. In that event, there will be no refunds; rather, your registration fee will be considered a donation to the Epilepsy Foundation.

Mail to: **Epilepsy Foundation 8301 Professional Pl E Ste 200 20785** or fax to **301-731-8751**
 Questions or comments? Email walkinfo@efa.org or call us at **866-4-EF-WALK (866-433-9255)**
 Please do not send credit card information through email.