

The Epilepsy Foundation leads the fight to overcome the challenges of living with epilepsy in Hawaii.

Register for the 5K/10K run or 1 mile walk and show your support for the 1 in 26 individuals who will develop epilepsy.

WHERE: KAILUA HIGH SCHOOL: 451 Ulumanu Dr. WHEN: JULY 4, 2017 Kailua, HI 96734

6:00 AM ONSITE REGISTRATION AND PACKET

PICK UP BEGINS

7:00 AM RUN & WALK BEGIN

AWARDS IMMEDIATELY FOLLOWING

EARLY PACKET PICK UP and REGISTRATION at EFH Offices July 1, 2017 - 10:00 AM to 2:00 PM

5K & 10K run will be professionally timed by Timeline Wheelchairs, strollers, and pets (on leash) are welcomed!

REGISTRATION: Mail-in & Online registrations will be accepted until June 29. Register on

the day of the Run/Walk - July 4!

AWARDS: 5K/10K Run top male & female overall and

top 3 age group finishers. Top Fundraisers

(see website for more info)

PAYMENT: Visa, Mastercard, American Express, Discover Call EFH to pay by Credit Card

Make Checks Payable to:

Epilepsy Foundation of Hawaii

The Epilepsy Foundation of Hawaii (EFH) 1050 Ala Moana Blvd. Suite 2550 HNL, HI 96814

Phone - 808.528.3058 Email - EFH@epilepsyhawaii.org www.epilepsyhawaii.org

## Mail in the Registration or register online at Active.com

1.		,			MIF	
Last Name	First Name		Age on 7	7./4/17	Sex	Phone
			,			
Address	Ci	ity State	Zip	Email		
S   M   L   XL   XXL Hat in of S	istead	5K Run	10K Run	1 Mile	Walk	Family (up to 5 members)
T-Shirt (circle size)	Ci	ircle vour l	Tuent \$30	(\$35 af	ter 6/8)	\$90 (\$100 after 6/8)

I know that running or walking a road race is potentially hazardous activity. I should not enter and run or walk unless I am medically able and properly trained. I know that there will be traffic on the course route. I assume the risk of running or walking in traffic. I assume any and all other risks associated with this event, including but not limited to falls, contact with other participants, the effects of the weather, including high heat and humidity, and the condition of the roads, all such risks being known and appreciated by me. Knowing these facts and in consideration of your accepting my entry, I hereby for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue, and waive, release, and discharge the Epilepsy Foundation of Hawaii, this event's officers, directors, members, volunteers, agents, successors, assigns or anyone acting on their behalf, from any and all claims of liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of or in the course of my participation in this event. I grant permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of the event.

I have read and understand the waiver above

Parent's Signature

If entrant is under 18 years of age

Date

