

15th Annual

FREEDOM RUN WALK

Freedom from Epilepsy

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

WHEN: JULY 4, 2016
6:00 AM ONSITE REGISTRATION BEGINS
7:00 AM RUN & WALK BEGIN
AWARDS IMMEDIATELY FOLLOWING

EARLY PACKET PICK UP at EFH Offices
July 2, 2016 - 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 entries must be received by June 24. No guarantee of t-shirt for entries after June 15.

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

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Last Name	First Name	Age on 7/4/16	Sex	Phone
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Address	City	State	Zip	Email
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S M L XL XXL	Hat instead of Shirt <input type="checkbox"/>	5K Run 10K Run 1 Mile Walk	Family (up to 5 members)
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T-Shirt (circle size) Circle your Event \$30 (\$35 after 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.

Signature	Parent's Signature	Date
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