

Frog Legs 5K 2022 Registration Form

Must be postmarked by 8/28/23 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?

I am not able to run/walk but would like to donate!

Payment enclosed: _____

\$35 Adult Pre-Registration (13 and over)

\$15 Child Registration (12 and under)

+ Add \$5 for Event Shirt

T-Shirt Option: _____

Circle T-shirt Size: Youth S M L

Adult S M L XL XXL XXXL

I have signed the waiver on the back of this form

Mail payment and completed registration form to the
Epilepsy Alliance (address on reverse)

Sponsored By:



Western & Southern
Financial Group



895 Central Ave Ste 550
Cincinnati, OH 45202-5757
Phone: (513) 721-2905 / (877) 804-2241
3857 N High St Ste 206
Columbus, OH 43214-3752
Phone: (614) 725-1031

Website: www.epilepsy-ohio.org
E-mail: eao@epilepsy-ohio.org



Saturday, September 2, 2023
9:00 am
Sawyer Point



Frog Legs 5K



Join WEBN and the Epilepsy Alliance Ohio as we host the 4th annual Frog Legs 5K. This event adds to the weekend of fun that WEBN delivers every year with the fireworks. You will enjoy a beautiful course along the river as well as great food and drinks after the race.

Register today to guarantee your spot at this event which is sure to become a Cincinnati tradition.

All proceeds from this event benefit the programs and services of the **Epilepsy Alliance Ohio.**

Top male and female runner and their guest will have a front row view of the fireworks.

Plus, We will raffle off a pair of front row seats to the fireworks for all registered participants.

Registration information:

Fees:

Adults (13 and over) **Pre-registration** is \$35 + \$ 5 for event shirt

Packet Pick-Up registration is \$40 + \$5 for event shirt and **Same day registration** is \$40 + \$5 for an event shirt while supplies last.

Children (12 and under) **Pre-registration** is \$15 + \$5 for event shirt

Packet Pickup registration is \$20 + \$5 for event shirt and **Same day registration** is \$20 +\$5 for event shirt while supplies last.

*Order by August 19th to be guaranteed a shirt

To pre-register, your registration form must be **post-marked** by 8/28/23.

Register online at : <https://runsignup.com/Race/OH/Cincinnati/FROGLEGS5k>

Early Packet pick-up:

If you are pre-registered, you can beat the crowd on race morning by picking up your bib and shirt early during these times:

Thursday, August 31 st from 12-4 pm location: at Queen City Running, 5819 Cheviot Rd., Cincinnati, OH 45247

Friday, September 1st, from 12:00– 4pm location: at Queen City Running, 5819 Cheviot Rd., Cincinnati, OH 45247

*All pre-registration event shirts must be picked up by 9:00 am on race day or they will be forfeited.



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: <https://runsignup.com/Race/OH/Cincinnati/FROGLEGS5k>

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 Frog Legs 5K, and do hereby release i Heart Media and 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) _____