

# Emerald Miles 2024 Registration Form

Must be postmarked by 3/1/2024 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?  
\_\_\_\_\_

Team Name (if applicable): \_\_\_\_\_

Category:  5K Run  5K Walk

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

♣ Please credit \_\_\_\_\_  
(participant or team) for my donation (if applicable)

## Payment enclosed:

\$35 Adult Pre-Registration (13 and over) **without Shirt**

\$40 Adult Pre-Registration with Shirt

\$20 Child Registration (12 and under) **Without Shirt**

\$25 Child Registration (12 and under) with shirt

## T-Shirt Option | If shirt option is chosen:

I would like a regular shirt

I would like a purple shirt for epilepsy

Circle T-shirt Size: Youth S M L

Adult S M L XL XXL

I have signed the waiver on the back of this form  
Mail payment and completed registration form to the  
Epilepsy Alliance Ohio (address on reverse)

## Thank You to Our Sponsors!!



# Emerald MILES

**5K RUN/WALK 03-16-2024**  
IN LOVING MEMORY OF DENNIS STEMLER

Saturday, March 16, 2024

9:00 am

Hofbräuhaus, Newport, KY 41071



**HOFBRÄUHAUS  
NEWPORT**  
BREWERY & RESTAURANT

## Emerald Miles 2024

**The Course:** Participants will traverse across the Purple People Bridge, run through the parks along the beautiful Ohio River and finish by coming back across the Purple People Bridge.



**The Cause:** Your support will help to provide local invaluable resources for people with epilepsy including our camp, support groups, counseling and much more.



**The Place:** We will gather before and after the race at the Hofbräuhaus in Newport.



**The Date/Time:** Saturday, March 16, 2024

Race starts at 9:00 am

packet pick-up starting at 8:00 am



### Early Pack Pick-up

♣ Thursday March 14, Noon – 5 pm

♣ Thursday March 15, Noon – 5 pm

Both dates at the Epilepsy Alliance Ohio Offices:

895 Central Ave., Suite 550

Cincinnati, OH 45202



### Race Shirts:

In order to get a race shirt, you need to register by March 1, 2024. Anyone registering after March 1, 2024 can NOT be guaranteed a shirt.



## Emerald Miles 2024

### March 16, 2024

Join us in supporting the work of the Epilepsy Alliance as we gather at the Hofbräuhaus in Newport for great food, music, awards and a free beer for all registered adults!



HOFBRÄUHAUS  
NEWPORT  
BREWERY & RESTAURANT

Gather your family and friends to start a team and support people with epilepsy.

Go to our website at [www.epilepsy-ohio.org](http://www.epilepsy-ohio.org) and follow the links to set up your team and register!



## 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: [www.epilepsy-ohio.org](http://www.epilepsy-ohio.org) and follow the Emerald Miles link.



**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 Emerald Miles run/walk, and do hereby release 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) \_\_\_\_\_