

## Stroll for Epilepsy 2026 Registration Form

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact #: (\_\_\_\_\_) \_\_\_\_\_

How did you hear about the Stroll ?  
\_\_\_\_\_

Team Name: \_\_\_\_\_

### Payment Enclosed:

\$15 Child Registration (12 & under) without shirt

\$20 Child Registration (13+) with shirt

\$30 Adult Registration (13+) without shirt

\$35 Adult Registration with shirt

Event Shirt Choice: Must register by  
2/13/26 to be guaranteed an event shirt!

☐ I would like a regular event shirt

☐ I have epilepsy and would like a  
purple event shirt

T-shirt size: Youth   S   M   L  
Adult   S   M   L   XL   XXL

Waiver Agreement: Must be signed to  
participate in event!

☐ I have signed the waiver on the back of this  
form

## Join us for the 2026

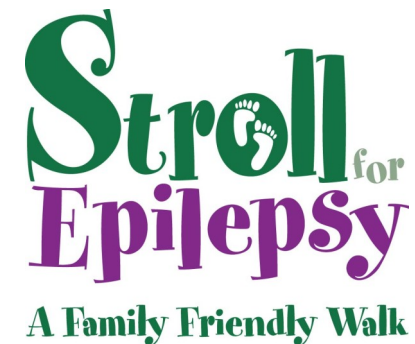
### 2026 Sponsors:



895 Central Ave ~ Ste 550 ~ Cincinnati ~ OH ~ 45202-5757  
Phone: (513) 721-2905/(877) 804-2241  
Fax: (513) 721-0799

3857 N High St ~ Ste 206 ~ Columbus ~ OH ~ 43214-3752  
Phone: (614) 725-1031

E-mail: [eao@epilepsy-ohio.org](mailto:eao@epilepsy-ohio.org)  
Website: [www.epilepsy-ohio.org](http://www.epilepsy-ohio.org)



February 28, 2026  
Polaris Fashion Place

8:00 a.m. Registration  
9:00 a.m. Treasure Hunt Begins  
10:00 a.m. Treasure Hunt closed & winners  
are drawn

Presented By:



*"Epilepsy Alliance Ohio is  
dedicated to supporting those  
impacted by epilepsy in local  
communities by confronting the  
spectrum of challenges created by  
seizures."*

## Details

- 🕒 **When:** Saturday, February 28, 2026 at 9:00 am
- 🕒 **Same day registration begins @ 8:00 am**
- 📍 **Where:** Polaris Fashion Place  
1500 Polaris Parkway  
Columbus, OH, 43240  
\*\* Begins in the Center Court area
- 👤 **Who:** Anyone who wants to support people with epilepsy and the work of the Epilepsy Alliance;  
Anyone who wants to win a treasure hunt prize
- 📄 **How:** Complete and send in the form on this brochure with your payment or go to:  
[www.epilepsy-ohio.org](http://www.epilepsy-ohio.org) to register online

*Your participation in this event helps the Epilepsy Alliance provide valuable services to the community including: counseling, support groups, community education, camping programs, and much more! To find out more about the agency, go to : [www.epilepsy-ohio.org](http://www.epilepsy-ohio.org)*

## How it Works

A fun, family friendly event that all can take part in. All participants who register receive a colorful event t-shirt and Treasure Hunt card. With the card, participants walk throughout the mall visiting Treasure Hunt stops. At the stops, participants will answer questions about epilepsy and receive a special stamp on their card. After visiting all the stops, participants will then return to the Center Court area to enter their card into a drawing. There will also be live entertainment, a silent auction, and much more!

## Want to Start a Team?

Join together with family and friends to start a team on our website. You can personalize your page with pictures and e-mail it to family and friends.

Check it out at [www.epilepsy-ohio.org](http://www.epilepsy-ohio.org)

## Pay By:

🕒 **Check:** Mail registration form and check to:  
EAO  
895 Central Ave, Suite 550  
Cincinnati, OH 45202

Credit Card: Mail registration form with  
🕒 your credit card information to the address above: (Billing address and phone on back!)

- ☐ MasterCard
- ☐ Visa
- ☐ American Express
- ☐ Discover

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Amount: \_\_\_\_\_

Signature: \_\_\_\_\_

Online: [www.epilepsy-ohio.org](http://www.epilepsy-ohio.org)

🕒 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 Stroll for Epilepsy 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 Event Committee may refuse or return my entry at its discretion. I understand the risks for participating in this event. I HAVE NOTED ANY MEDICAL CONDITION on this entry form. I will permit the use of my name and picture participating in this event for publicity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent Signature (if under 18)