Emerald Miles 2026 Registration Form

Must be postmarked by 2/27/2026 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 I 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!!

In-Kind Donations:

5K Emerald Miles

IN LOVING MEMORY OF DENNIS STEMLER

Saturday, March 14, 2026

9:00 am

Moerlein Lager House,

Cincinnati, OH

Emerald Miles 2026

The Course: Participants will run/walk through the beautiful parks along the Ohio River. The race starts and finishes in Smale Park with the course going along the Serpentine Wall and up through Friendship Park. This is an extremely flat , scenic course!

♣♣♣

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 are happy to announce that we will be gathering before and after the race at Moerlein Lager House on the Banks This beautiful venue offers great food, drinks and indoor and outside gathering spaces. This venue is a prime location for watching the annual St. Patrick's Day Parade at Noon on Mehring Way. Come for the race and stay for the parade!

♣♣♣

The Date/Time: Saturday, March 14, 2026

Race starts at 9:00 am

packet pick-up starting at 8:00 am

♣♣♣

Early Pack Pick-up

♣ Thursday, March 12, Noon – 5 pm

♣ Friday, March 13, 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 February 27, 2026. Anyone registering after February 27, 2026 can NOT be guaranteed a shirt.

Emerald Miles 2026

March 14, 2026

Join us in supporting the work of the Epilepsy Alliance as we gather at the Moerlein Lager House for great food, music, awards and a **free** beer for all registered adults! The Moerlein House will also be cooking up many St. Patrick Day specials.

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

Go to our website at 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 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)