

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 Stroll for Epilepsy

2026 Presenting Sponsor



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

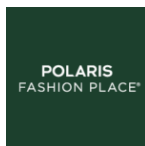
2026 Sponsors:



NEURELIS



OhioHealth



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
Website: www.epilepsy-ohio.org



A Family Friendly Walk

**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:



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

***"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 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

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

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

🕒 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)