2020 National Walk to END EPILEPSY

Registration Form

Please fill out one form for EACH walker.

Visit www.efky.org/walk for more information or to register online.

Walk Location – Please Circle One: Owensboro Paducah Lexington Louisville

Team Name: _____

First Name: _____Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: (_____) _____ - _____

Date of Birth (mm/dd/yyyy): _____/_____/_____

Male _____ Female _____

Emergency Contact Name: _____Phone: (_____) _____ - _____

_____ I would like to recognized as a person with epilepsy and receive a purple t-shirt instead of a white t-shirt.

T-shirt size:

Youth S _____ Youth M _____

Adult S _____ Adult M _____ Adult L _____ Adult XL _____ Adult XXL _____

_____ To further support the Epilepsy Foundation of Kentuckiana, I decline my prize.

____ I have enclosed a company matching gift form.

Waiver

Each person must sign a waiver to participate in the WALK. If you pre-register online, you automatically consent to the terms of the waiver for you and your child(ren) to participate in the WALK.

Each participant must read and sign below: I, the undersigned, agree to indemnify and hold the Epilepsy Foundation of Kentuckiana harmless from all cost, expense and liability arising out of me or my child's participation in the WALKS to benefit the Foundation. I do hereby waive all claims for damage or loss to me or my child's person or property which may be caused by any act, or failure to act, by the Foundation, its officers, agents or employees arising directly or indirectly from my or my child's participation in this event; and I hereby assume liability for any loss, damage or other liability from such event. Important: Walkers under the age of 18 must have this form signed by a parent or legal guardian. By participating in the Walk you and your child consent to being photographed and your image and name being used in conjunction with future events.

_____

Participant Signature Date

_____

Guardian Signature Date

Please Make Checks Payable to:

Epilepsy Foundation of Kentuckiana

982 Eastern Parkway

Louisville, KY 40217

(502) 637-4440

EPILEPSY FOUNDATION Kentuckiana | END EPILEPSY

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Sponsor Form

Collect money from your sponsors before the Walk. Legibly record each sponsor's name and donation amount on the form. Enclose any cash and check donations you have collected along with your sponsor form in a zip-top baggie or envelope and turn in at registration on Walk day.

Walk Participant: _____

Sponsor's Name	Sponsor's Email Address	Amount
Example: Frank Doe	fdoe@aol.com	25.00
	Total	$