



Kaylyn's Steps 4 Seizures 5K Run/Walk
Epilepsy Foundation of Mississippi
April 8, 2017

WHEN: Saturday, April 8, 2017
WHERE: Longleaf Trace
 Hattiesburg Ms
TIME: Registration. 3:00PM., 4:00PM 5k
 Run/Walk
ENTRY FEES: \$25 pre-registration fee / \$30 on race day

AWARDS:
5K Run: Overall, Master, and Grandmaster finishers in both male and female categories. Age group awards will be given to the top 3 male and female finishers:
 14 & Under, 15-19, 20-29, 30-39, 40-49, 50-59, 60+
5K Walk: 1st overall male and female

RACE SCORED BY:



o Make Checks Payable to:
 Epilepsy Foundation of Mississippi
 2001 Airport Rd. N., Ste. 307
 Flowood, MS 39232
 Online Registration also available at www.epilepsy-ms.org

Entry Form

Name	Phone #	Email	Age on 4/08/17
------	---------	-------	----------------

Address	City	State	Zip
---------	------	-------	-----

I wish to enter (Circle One) 5K Run 5K Walk

T-Shirt Size: (Circle One) SM MED L X-L XX-L (other) _____

Assumption of Risk & Release Statement: Anyone who participates in Epilepsy Foundation of Mississippi's Strides for Seizures 5k-1mile Fun/Run Walk will be doing so at his or her own risk. By my signature below, I am acknowledging that I have read this waiver/release form and I am relinquishing Epilepsy Foundation of Mississippi, its members, volunteers, and other sponsors from any liability thereof. I fully understand that my participation in this event is completely a voluntary undertaking and that I assume all risks associated with my participation including, but not limited to, heat exhaustion, falls, contact with other participants, effects of weather, dangerous traffic and the conditions of the course. I hereby waive any and all rights and claims which I, for myself and my heirs, executors, administrators and personal representatives may now or hereinafter have against and do hereby release Epilepsy Foundation of Mississippi, its members, volunteers, and other sponsors for any and all injuries, illnesses, losses or death suffered by me resulting either directly or indirectly from my participation in this race. I hereby certify that I am adequately fit and in the proper physical condition to participate in this event and that I am not participating in this event against the advice of a physician nor am I taking medications which would impair my health or ability to participate in this event. I hereby authorize the use of my name and any photographs, videotapes and other record of my participation in this event for any legitimate purpose by Epilepsy Foundation of Mississippi. **(Registration fee is non-refundable)**

Date: _____ **Signature:** _____

Signature of Parent or Guardian (if under 18) _____