THE ANNUAL **SEIZE THE DAY** 5K RUN/2.5K WALK

REGISTRATION FORM (PLEASE PRINT CLEARLY)

Help raise funds for epilepsy support and education.

FULL NAME

PARTICIPANT RELEASE AND WAIVER:

Everyone must sign this waiver. If under 18, a parent or guardian must sign.

In consideration of your acceptance of this registration, I hereby for myself, my heir, executors and administrators waive and release any and all rights and claims for damages I may have against Epilepsy Southwestern Ontario, their representatives, successors, and assigns, or against officers, directors, or representatives of any of the above for any or all injuries suffered by me in Seize the Day Walk/ Run. I also give permission for the free use of my name and/or picture in any broadcast/telecast or other account of this event. I further attest and certify that I am physically fit, and have sufficiently trained for participation in this event, and my physical condition has been verified by a licensed medical doctor. Charitable Reg. No. 11890-0802-RR0001.

SIGNATURE OF PARENT	GUARDIAN IF APPLICANT IS UNDER 18
SIGNATORE OF FARENTI	COARDIANTI ALL LICANT IS ONDER IO

PARTICIPANT'S SIGNATURE

IN SUPPORT OF



FIND EVENT

AND DATES

INFORMATION

ADDRESS (INCLUDE APT. NUMBER/	R.R. NUMB	ER)		- ONLINE epilepsyswo.ca	
CITY PF	PROVINCE POSTAL CODE Submit \$100 in pledges a registration fee will be we				
PHONE NUMBER (INCLUDE ARE	AREA CODE) TEAM NAME (IF APPLICABLE)		Collect \$150 in pledges by August 24, 202 and you will receive a free event t-shi Must select size when registering below.		
TEAM CAPTAIN				T-SHIRT SIZE YOUTH YXS	
PLEDGE SHEET, CASH & C LONDON HEAD OFFICE 797 York Street, Unit 3 London, ON N5W 6A8 Our office is by appointmer appointment for drop off. P to arrange a drop off time.	nt only s Please er	o please scheo		 Each participant wi T-shirt if they reach Team donations wi towards individual plan accordingly. If captain, ensure eac mates are reaching they'd like an event T-shirts will be avai Park for pickup the or advanced pickup More information to 	I the \$150 goal. Il not count prizing, so please you're a team ch of your team g the \$150 goal if t - shirt. lable at the Eco day of the event, p locations TBD.

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Please PRINT the name and address of each donor clearly.	address of each donor clear	Ίγ.					
SPONSOR'S NAME	ADDRESS	CITY	POSTAL CODE	EMAIL	TELEPHONE	AMOUNT PLEDGED	CASH OR CHEQUE?
THANK YOU for your generous support!	generous support!					TOTAL:	
	-						

PLEDGE GOAL:

Cheques should be made payable to Epilepsy Southwestern Ontario.
Please encourage donors to provide their email address as a safer and more cost efficient way to deliver tax receipts.

SEIZE THE DAY epilepsy southwestern ontario