

THE ANNUAL

# SEIZE THE DAY

5K RUN/2.5K WALK

IN SUPPORT OF

epilepsy  
southwestern  
ontario

## REGISTRATION FORM (PLEASE PRINT CLEARLY)

Help raise funds for epilepsy support and education.

FULL NAME

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ADDRESS (INCLUDE APT. NUMBER/ R.R. NUMBER)

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CITY

PROVINCE

POSTAL CODE

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PHONE NUMBER (INCLUDE AREA CODE)

TEAM NAME (IF APPLICABLE)

T-SHIRT SIZE

ADULT S - 2XL  
YOUTH S - YXL

TEAM CAPTAIN

EVENT CITY

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### PLEDGE SHEET, CASH & CHEQUES DROP OFF:

Our office is by appointment only so please schedule an appointment for drop off. Please email [katie@epilepsyswo.ca](mailto:katie@epilepsyswo.ca) to arrange a drop off time.

### LONDON HEAD OFFICE

797 York Street, Unit 3  
London, ON N5W 6A8

### 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

PARTICIPANT'S SIGNATURE

DATE

DATE

FIND EVENT  
INFORMATION  
AND DATES  
ONLINE  
[epilepsyswo.ca](http://epilepsyswo.ca)

