



## Registration Form

Please fill out one form for EACH walker. Visit [www.efky.org](http://www.efky.org) for more information or to register online.

Walk Location – Please Circle One:    Lexington        Louisville        Owensboro        Paducah

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 be 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 \_\_\_\_\_ Adult XXXL \_\_\_\_\_

\_\_\_\_\_ 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.

<p><b>Participant Signature</b> _____</p> <p style="text-align: right;"><b>Date</b> _____</p>	<p>Please Make Checks Payable to:</p> <p>Epilepsy Foundation of Kentuckiana</p> <p>982 Eastern Parkway</p> <p>Louisville, KY 40217</p> <p>(502) 637-4440</p>
<p><b>Guardian Signature</b> _____</p> <p style="text-align: right;"><b>Date</b> _____</p>	