

Course: The race starts and finishes at Mason Community Center (6050 Mason Montgomery Rd, Mason, OH 45040) on 11/5/2017. Check out our website (www.epilepsy-ohio.org) for more details on the 5K and half-marathon courses.

Time: The race starts at 8:00 AM. Same day registration is from 6:30-7:30 AM in the community center.

Course Closure: The course will remain open for 3½ hours.

Registration:

- **5K run/walk:** \$30 for adults (13 and over) if paid before 8/22; \$35 if postmarked between 8/23 & 10/30 or paid on-line by 10/31 at noon; \$45 on race day (No guarantee of shirt)
\$20 for children (12 & under) if paid before 8/22; \$25 if postmarked between 8/23 & 10/30 or paid on-line by 10/31 at noon; \$30 on race day (No guarantee of shirt)
- **Half-Marathon:** \$50 adults (13 and over) before 8/22; \$55 if postmarked between 8/23 and 10/30 or completed on-line by 10/31 at noon; \$65 on race day (No guarantee of shirt)

Special rates for Mason Community Center Members! Go to www.epilepsy-ohio.org to learn more.



November 5, 2017

Sponsored by:



Register On-line: Go to www.epilepsy-ohio.org to register on-line.

Pre-registration Packet Pick-Up: Beat the crowd the day of the event! Pick up your shirt and race number early at the Mason Community Center on: Thurs 11/2 from 4-6 PM or Fri 11/3 from 4-6 PM

Registration price includes short sleeve t-shirt* for 5K races and technical shirt* for half-marathoners, awards and refreshments.

* All pre-registration shirts must be picked up by 8:00 AM on race day or they will be forfeited.

Refreshments: Enjoy food, music & drinks after the race.

Chip timing: This event will be chip timed.

Awards: First place trophies given after the event to the top male and female in the 5K walk, 5K run and half-marathon. Medals to the top finisher in each age division.

The first 900 finishers will receive a Finisher's Medal.

Do you have Epilepsy? Check below to order a special purple shirt.

Questions? Call the Epilepsy Foundation at (513) 721-2905.



Mason Half-Marathon and 5K Run/Walk Registration
ENTRY FORM MUST BE POSTMARKED BY 10/30/17 FOR PRE-REGISTRATION

First name: _____ **Last name:** _____ **E-Mail:** _____

Street Address: _____ **Phone:** _____ **Birthdate:** _____ **Age on Day of Race:** _____

City, State & Zip: _____ **Gender:** M _____ F _____

Shirt Sizes: 5K participants: T-shirt size: (Please circle one) Youth: M L Adult (Unisex): S M L XL 2XL

Half-Marathon runners: Technical shirt size: Adult Women's: S M L XL 2XL Adult Men's: S M L XL 2XL

Shirt option: I would like a regular shirt I have Epilepsy and would like a purple shirt to stand together with others

Category: 5K Walk 5K Run Half-Marathon **Registering with a team/company? Team/Company Name:** _____

How did you hear about the race? _____

- Pricing:**
- \$20 Youth (12 and under) pre-registration for 5K walk or 5K run before 8/22/17 (includes entry fee and short sleeve t-shirt)
 - \$25 Youth pre-registration for 5K walk or 5 K run received between 8/23/17 and 10/30/17 (includes entry fee and short sleeve t-shirt)
 - \$30 Adult pre-registration for the 5K walk or 5K run received before 8/22/17 (includes entry fee and short sleeve t-shirt)
 - \$35 Adult pre-registration for the 5K walk or 5K run received between 8/23/17 and 10/30/17 (includes entry fee and short sleeve t-shirt)
 - \$50 Adult pre-registration for the half-marathon received before 8/22/17 (includes entry fee and technical shirt)
 - \$55 Adult pre-registration for the half-marathon received between 8/23/17 and 10/30/17 (includes entry fee and technical shirt)

Send completed registration form & payment to:
Epilepsy Foundation of Greater Cincinnati and Columbus
895 Central Ave, Suite 550
Cincinnati, OH 45202

***Registration fees are non-refundable.**

WAIVER: In consideration of the acceptance of my entry, I hereby waive on behalf of my heirs, executors and assigns all claims of any nature arising from my participation in the Mason Half Marathon and do hereby release the Epilepsy Foundation of Greater Cincinnati and Columbus, City of Mason, all sponsors, workers, officials and volunteers from any claim whatsoever arising from my participation in this event. I agree to abide by all the rules of participation, and acknowledge that the Race Committee may refuse or return my entry at its discretion. I understand the risks for such a run and have trained adequately in preparation for the run. I HAVE NOTED ANY MEDICAL CONDITION on this entry form next to my signature. I will permit the use of my name and picture participating in this event for publicity.

Signature: _____ **Date:** _____ **Parent/Guardian Signature (if under 18):** _____

Did you know . . .

- Epilepsy is a chronic neurological condition characterized by recurrent seizures.
- There are 2.3 million Americans living with epilepsy.
- About 1 in 26 people will be diagnosed with epilepsy at some point in their lives.
- Epilepsy affects more people than Parkinson's, Multiple Sclerosis and Cerebral Palsy combined.
- Your participation in this race will help us raise awareness, provide valuable programs and services and find a cure to this devastating condition

The Epilepsy Foundation is leading the fight to make a difference!



Address Service Requested

Epilepsy Foundation of Greater Cincinnati and Columbus
895 Central Ave., Suite 550
Cincinnati, OH 45202

Non-Profit org.
U.S. Postage
PAID
Permit No. 2532
Cincinnati, OH



November 5th, 2017

- Beautiful, relatively flat course
- Great food, price and location
- Finisher medals for half-marathoners, 5K runners and 5K walkers
- Start/Finish at Mason Community Center, Mason, OH

Supporting the work of the:

