

SEIZE THE MOMENT

5K Fun RUN/WALK



**NOVEMBER 5, 2011
8:30AM**

**900 Saddletree Ct
Shavano Park, TX 78231**

ABOUT THE EVENT

The 3rd Annual "Seize the Moment" 5K Fun Run/Walk is held in November as part of National Epilepsy Awareness Month. This event includes chip timing for the avid 5K runner, a 1-mile fun course, and a "Sleep for A Cause" virtual walk for those not able to attend.

ABOUT THE COURSE

The event takes place through the beautiful City of Shavano Park on a 3.1 mile paved course. Chip timing is available to 5K runners registered before 8:00am Nov 5th. Chip timing is not available for the 1 mile course.

AWARDS & PRIZES

Medals will be awarded to the top three 5K Male & Female finishers in each age category. Team Prizes will be awarded for the Biggest Team, Most Money Raised, & Most Team Spirit. Age categories: 7 & under; 8-14; 15-18; 19-29; 30-39; 40-59; 60-69; 70 & up.

REGISTRATION

Register online, by mail, or in person!

Online: www.epilepsyrun.com
Online Registration closes 11/3/2011.

Phone: (210) 653-5353

Drop Off Locations: EFCST, 10615 Perrin Beitel Ste 602, 78217 or Shavano Park City Hall, 900 Saddletree Ct, 78231.

Mail: EFCST, 10615 Perrin Beitel Ste 602, SATX, 78217.

Race Day Registration: 7:00-8:00am

Race Packet Pick Up: Nov. 2nd & 3rd 11:00am to 7:00pm at 900 Saddletree Court, Shavano Park, TX 78231.

You must register by Oct 18th to be guaranteed t-shirt & goodie bag.

ABOUT THE CAUSE

Every **FOUR** minutes, a person in the U.S. is diagnosed with epilepsy. The Epilepsy Foundation Central & South Texas leads the fight to stop seizures, to overcome the challenges created by epilepsy, & strives to create a safer community through education & awareness.

Proceeds benefit the programs and services designed to improve quality of life for more than 130,000 people living with epilepsy in Central & South Texas.

CONTACT US

For more information contact us at
(210) 653-5353 events@efcst.org
www.epilepsyrun.com



Please make checks payable to the Epilepsy Foundation Central & South Texas or register online at www.firstgiving.com/efcst

First Name _____ Last Name _____ M / F Sex (circle) _____ Date of Birth _____ Age on Race Day _____
 Address _____ City _____ State _____ Zip _____
 Email _____ Phone Number _____ 5K ★ 1-Mile Fun Run/Walk ★ Virtual Race Day Course (circle one)

Register As: (select one) Individual Virtual Walker Team / Team Name _____
T-Shirt: ___ S ___ M ___ L ___ XL ___ XXL ___ Child Lg ★ Additional shirts \$10.00 each, indicate size & number of shirts.
To have your shirt mailed, add \$5 shipping fee below.

\$ _____ + \$ _____ + \$ _____ + \$ _____ = \$ _____
 Entry Fee Tax Deductible Donation Extra Shirts \$5.00 Shipping Fee Total

WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK AND INDEMNITY AGREEMENT: In consideration of being permitted to participate in the 2011 Seize the Moment 5K Run/Walk (the "Event") as a walker, runner or volunteer, or in any other capacity, I, for myself, my heirs, next of kin, assigns and personal representatives: Represent that I am qualified in good health and in proper physical condition to participate in the Event and that I will stop my participation if I believe this Event becomes unsafe. Acknowledge and understand fully that there are risks and dangers of serious bodily injury and death that could result from my participation in the Event from any cause. Being aware of these risks and dangers, I have voluntarily elected to participate in the Event and I FULLY ACCEPT AND ASSUME ALL RISKS AND ALL RESPONSIBILITY FOR ANY INJURY, LOSSES AND DAMAGES TO PERSON OR PROPERTY THAT I INCUR AS A RESULT OF MY PARTICIPATION IN THE EVENT. I HEREBY AGREE NOT TO SUE AND TO RELEASE, DISCHARGE, WAIVE, HOLD HARMLESS, AND TO INDEMNIFY THE EPILEPSY FOUNDATION CENTRAL & SOUTH TEXAS, CITY OF SHAVANO PARK and their respective officers, directors, employees, volunteers, sponsors, advertisers, participants, agents and representatives FROM AND AGAINST ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, LOSSES, DAMAGES, SUITS AND PROCEEDINGS, REGARDLESS OF THE CAUSE. I agree to permit the use of my name and/or likeness in any record or communication relating to the Event for any legitimate purpose, without compensation or remuneration. I have read this agreement and understand that I have given up substantial rights by agreeing to it. We reserve the right to cancel in extreme circumstances; in this event, there will be no refunds; your registration fee will be considered a donation to the Epilepsy Foundation.

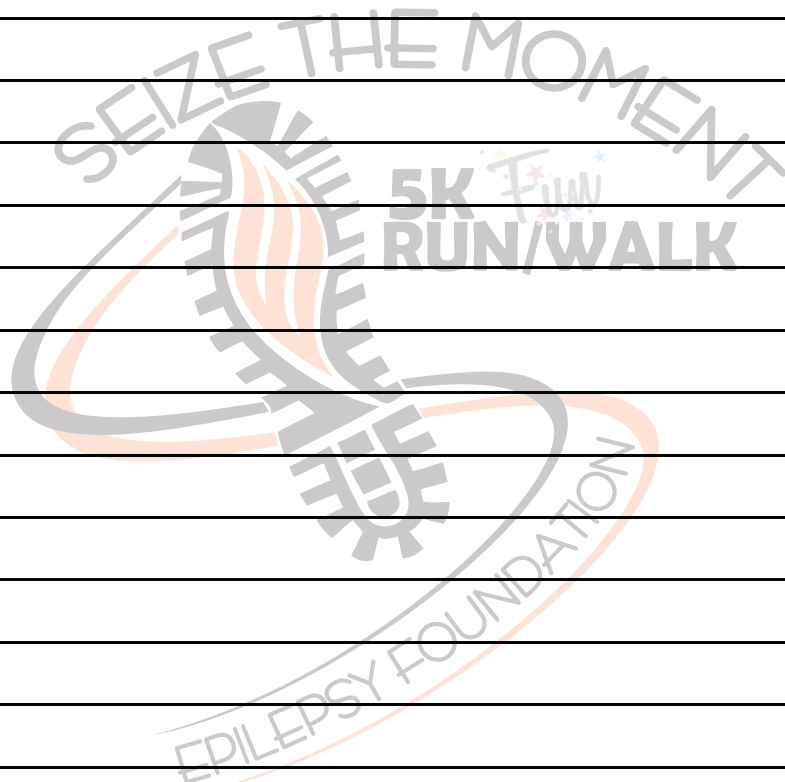
Signature: _____ **Date:** _____
 (Parent or Guardian if under 18)



Get SPONSORED! Ask family, friends, neighbors, or coworkers for donations to this worthy cause! Their cancelled check is their receipt. All contributions are tax deductible to the extent of the law. Encourage family and friends to participate. Thank you for supporting the Epilepsy Foundation Central & South Texas!

Name of Participant: _____ Name of Team: _____

Sponsor's Name	Address, City, Zip	Donation
1.		
2.		
3.		
4.		
5.		
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11.		
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13.		
14.		
15.		



Please make checks payable to Epilepsy Foundation Central & South Texas Total

Team Name: _____ Captain: _____

Team Member: _____ Sex: M / F (circle) T-Shirt: S M L XL XXL Child Lg (circle size)

Team Member: _____ Sex: M / F (circle) T-Shirt: S M L XL XXL Child Lg (circle size)

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Team Member: _____ Sex: M / F (circle) T-Shirt: S M L XL XXL Child Lg (circle size)

Team prizes awarded for the Biggest Team, Most Money Raised, and Most Team Spirit!
 The minimum donation per person must meet the individual entry fee - Adults \$25, Youth (18 & Under) \$15.

Return forms by mail or in person to:
 Epilepsy Foundation Central & South Texas, 10615 Perrin Beitel Ste. 602, San Antonio, TX 78217

Questions? Contact EFCST at (210) 653-5353 or by email at events@efcst.org.