

### Who Was Maggie Lee?

Maggie Lee was a counselor at the Epilepsy Association, a community activist, a friend, and she had epilepsy. In June 2001, she died suddenly as a result of injuries sustained during a seizure.

### What is Epilepsy?

A neurological disorder resulting in recurrent seizures, which affects one out of every 100 persons in Western New York.

### Did you know?

- Over 2.7 million Americans have epilepsy
- One in ten people will have a seizure during their life
- Many undetected/untreated cases of epilepsy remain in America
- In a majority of the cases there is no known cause for epilepsy
- Drug and Alcohol abuse can cause epilepsy

### Proceeds will benefit:

### The Outreach & Awareness Programs of

The Epilepsy Association of  
Western New York, Inc.

### Our Mission:

The mission of the Epilepsy Association is to assist individuals and their families in coping with and adjusting to epilepsy and/or seizure disorders, to enable them to lead more independent, productive, and satisfying lives.

### Epilepsy Association of WNY, Inc.

339 Elmwood Ave.  
Buffalo, NY 14222  
Phone: 716-883-5396  
Fax: 716-883-5403  
www.epilepsywny.org

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U.S. Postage  
**Paid**  
Buffalo, NY  
Permit No. 596

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339 Elmwood Ave.  
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(716) 883-5396

## 17th Annual Maggie Lee Memorial 5K Run/Funwalk For Epilepsy Awareness



**Saturday October 6, 2018**

**10 AM - Delaware Park  
St George Church**

**2 Nottingham Terrace  
Buffalo, NY**

**Race Scored by  
WNY Finish Line & Timing Services  
USA Track & Field Sanctioned  
Certified Course #NY12090JG**



**Race Director-Renay Moran**

**Race applications  
donated by  
Elmwood Printout**

# Pre-registration

Mail or drop off the \$20 registration fee and sponsor money by September 30th. Special student rate of \$15 pre-registered, \$20 at door with ID. First 150 will get a tee-shirt

# Day of race registration

Registration begins at 8:30 AM at St. George Church-Nottingham and Amherst Street. Registration day of race \$25. Students \$20.

# Starting Line

10 AM (Rain or Shine) Back of Church lot by Zoo.

14 & **Runner Age Groups** Under, 15-19, 20-24, 25- 29, 30- 34, 35-39, 40-44, 45-49. 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80+

Ask your friends to sponsor you!

# Individual Awards

Overall top Male and Female will each receive a trophy & cash prize of \$100. Awards will be given to the first three finishers in each age group. **Prize will be given to Team/Individual with highest sponsor amount.**

# Post Race Party

Post race party will feature; Sahlen's Hot Dogs, Pizza, beer, refreshments, music, Basket Auction, and 50/50 split. Join us for a morning of fun to benefit the Epilepsy Association.

## START COLLECTING

SPONSOR- NAME / ADDRESS & PLEDGE  
You can put sponsors on a separate paper.


**Collect all sponsor checks prior to the event. Make all checks payable to the Epilepsy Association of WNY. A prize will be awarded to the participant who has the most money pledged. Sponsors are not necessary to enter race/walk, but your friends and family can help support your effort.**

# Thank You Sponsors!



UNIVERSITY AT BUFFALO  
NEUROSURGERY

Registration Form Please detach and return to the Epilepsy Association Of WNY, Inc. 339 Elmwood Ave. Buffalo, NY 14222

LAST NAME										FIRST NAME									

NUMBER & STREET										E-MAIL ADDRESS									

TOWN/CITY										ZIP Code									

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Shirt Size  
S M L XL XXL

Circle One: Runner Walker Team Name

PHONE

SEX AGE

I am unable to participate, but would like to make a contribution in the amount of \$

I know that running a race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including but not limited to, falls, contact with other participants, the effects of weather including heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself and anyone to act on behalf, waive and re-lease the Epilepsy Association Of WNY, Inc., its directors, volunteers and all sponsors, the City of Buffalo, their representatives and successors from all claims or liabilities of any kind out of my participation in this event before, during or after. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

Please make checks payable to: Epilepsy Association Of WNY

Signature \_\_\_\_\_ Parent Signature, if under 18 years