



Registration Form

Contact Information:

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Alt. Phone _____

Email _____ Fax _____

Fundraiser Information:

Date of Fundraiser _____

Time of Fundraiser _____

Location of Fundraiser _____

Anticipated Attendance _____

Anticipated Income: _____

Third Party Indemnification

The events must be credible, reputable and in line with the mission of the Epilepsy Foundation of New Jersey. Participants must understand that the events are not produced by or the responsibility of the Epilepsy Foundation of New Jersey and must not state or imply that the Epilepsy Foundation of New Jersey sponsors the event. Epilepsy Foundation of New Jersey does not supervise or control the event and therefore is not responsible or liable for any acts or omissions in connection with the event. You agree that you release, and agree to indemnify, defend, save and hold harmless the Epilepsy Foundation of New Jersey, its affiliates, and its and their officers, directors, employees, contractors, volunteers, sponsors and agents from all claims arising out of or related to the event.

I AGREE

Signature _____

Date ___/___/___

Please call Heather Comstock 609-392-4900 or hcomstock@efnj.com with any questions.