



**Saturday, April 30, 2016**

**Batavia Mothers' Club Foundation**

We, the members of the Batavia Mothers' Club Foundation, dedicate ourselves to improving the quality of life of the children of our community through philanthropic endeavors. For more information or to become a member, please visit our website, [www.bataviamothersclub.org](http://www.bataviamothersclub.org).

Last Name \_\_\_\_\_ First name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age on 4/30/16 \_\_\_\_\_  
Email \_\_\_\_\_  
Emergency Contact Person \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

- 5K Run \$30/person
  - 10K Run \$40/person
  - Kids' Fun Run \$10 per child (Suggested Donation)
- (circle) Junior Jog Youth Run

Gender: (circle) Male Female

T-Shirt: (circle) Adult: S M L XL (Sizes guaranteed to first 300 pre-registered entrants)

**TOTAL\$** \_\_\_\_\_

**Payment Method:**

- Credit Card: Visa Mastercard  
Credit Card # \_\_\_\_\_  
Expiration Date \_\_\_\_\_ 3 Digit CVC code \_\_\_\_\_
- Check

Waiver: Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the above event, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above event. I recognize and acknowledge that there are certain risks of physical injury to participants in the above event and I agree to assume the full risk of any such activities connected with any such program. I waive and relinquish all claims I or my child/ward may have against the Batavia Mothers' Club Foundation and its officers, agents from any and all claims from injuries, damage, or loss which I or my child/ward may have or which may occur to me or my child/ward in the above event. I further agree to indemnify and hold harmless and defend the Batavia Mothers' Club Foundation and its officers, agents and members from any and all claims resulting from injuries, damages, and losses sustained by me or my child/ward, and arising out of, connected with, or in any way associated with the activities of any program(s).

(Parents sign for child under 18\*)

\_\_\_\_\_  
Signature Date \_\_\_\_\_

**Send registration forms and payment to:  
Batavia Mothers' Club Foundation  
Attn: Fox Trot  
P.O. Box 91  
Batavia, IL 60510  
UNSIGNED ENTRIES WILL BE RETURNED**

BMCF use only, bib # \_\_\_\_\_