



Saturday, April 29, 2017

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.

Last Name _____ First name _____ Middle Initial _____
 Street Address _____ City _____ State _____ Zip _____
 Phone _____ Date of Birth _____ Age on 4/29/17 _____
 Email _____
 Emergency Contact Person _____ Emergency Contact Phone _____

- 5K Run \$30/person
- 10K Run \$40/person
- Kids' Fun Run \$10 per child (Suggested Donation)
- (circle) Youth Run (1 Mile) Junior Jog (1/4 mile)

Gender: (circle) Male Female

T-Shirt (adult sizes): (circle): 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 # _____