

2024 TEAM REGISTRATION / DONATION FORM



COMMUNITY STROLL CELEBRATION (and Marathon)



Saturday, October 5, 2024

Festival Market Square, Downtown Battle Creek, 10:15am

*Creating solutions for those impacted by dementia in Calhoun County through movement, programming and research.
~ Because movement matters.*

Team Captain: _____ Email: _____
 Team Name: _____ Phone: _____
 Address: _____ Emergency Contact: _____
 City / St / Zip: _____ Emergency Contact Phone: _____

| PARTICIPANT / DONOR NAME | Community Stroll | Join the Marathon \$26 | Purchase Event Shirt \$15 | Shirt Size | DONATION | I plan to walk in the event. I have read & agreed to waiver. | TOTAL |
|--------------------------|------------------|------------------------|---------------------------|------------|----------|--|-------|
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Find the route at: www.milesformemories.org.
 Must register by **September 20, 2024** to be guaranteed an event shirt.
 Packet pick up October 5, 2024 from 9-10am.
 Visit us on Facebook for daily updates about the event.

| | |
|----------------------------------|----|
| Stroll / Shirt / Donation Total: | \$ |
| ADDITIONAL Team Donation: | \$ |
| TEAM GRAND TOTAL: | \$ |

EVENT WAIVER: I know that participating in a race or walk is a potentially hazardous activity. I understand and agree that I should not enter and participate unless I am medically able and properly trained. I know that although security will be provided, there may be traffic on the course route and I assume the risk of participating in close proximity to vehicle traffic. I also assume any and all other risk and/or injury associated with participating in this event, including but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity and the conditions of the course, all such risks being known and appreciated by me. In consideration of acceptance of this entry form and/or fee, I hereby for myself, my heirs, executors and administration and anyone else who might claim on my behalf, covenant not to sue and waive and release Miles for Memories, the sponsors of the event, including the Battle Creek Community Foundation, and their agents, representatives, successors, and assigns from any and all claims of liability for death, personal injury or property damage of any kind or nature arising out of my participation in this event. I further grant in perpetuity full permission to allow my name and/or likeness to be used in any document, newspaper, broadcast, webcast, telecast, or any other account of this event in any media or social networking without limitation and without prior notice or compensation to me.

Checks should be made payable to: BCCF/Miles For Memories (Tax ID#: 38-2045459)
Mail checks to: P.O. Box 2257, Battle Creek, MI 49016 (269) 979-1412