

2020 MFM MARATHON REGISTRATION FORM



MILES FOR MEMORIES MARATHON

August 26 to October 26, 2020



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

Participant Name: _____

Email: _____

Team Name: _____

Phone: _____

Address: _____

NOTE: If paid registration fee on Facebook, or through the website, do not mark on the electronic form otherwise \$26 will be added unnecessarily.

City / St / Zip: _____

PARTICIPANT / PLEDGE NAME	Marathon registration \$26	Purchase Event Shirt \$15	Adult Shirt Size	Purchase face mask \$6	Black face mask	White face mask	PLEDGE DONATION	TOTAL
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

A new scavenger hunt item will be posted daily in the Miles for Memories Marathon event on Facebook. Post photos of your finds when you return each day. Completion paperwork is due by October 30, 2020 to be considered for prizes. Completion medals will be awarded for those completing 26 miles. Pledges / donations are due by November 6, 2020. Thank you for your support. For more details visit milesformemories.org.

REGISTRATION/SHIRT/MASK/PEDGES TOTAL:	\$
ADDITIONAL TEAM DONATION:	\$
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 there may be traffic while I walk 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 I choose, 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
Mail checks to: 4642 Capital Avenue SW, Battle Creek, MI 49015

(Tax ID#: 38-2045459)
 (269) 979-1412