Registration Form

Name:_____
Address:_____
City:_____ **State**:___ **Zip**_____
Age:_____ **Male**:___ **Female**:____

Shirt Size: S M L XL
___$20 Before October 1, 2010
___$25 After October 1, 2010

Make Checks Payable to
Bridgewater Healthcare Foundation

In consideration for you permitting me to participate in this event, I hereby release the organizers of the event, their agents, volunteers, and the event sponsors from all liability, and I waive as against the organizers, agents, volunteers and event sponsors, all claims of any kind whatsoever I may have for personal injuries or property losses suffered by participation in this event. I certify that I have full knowledge of the risks involved in this event and I am physically fit and able to participate. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose including commercial advertising.

Signature:_____ **Date**:_____
Must be signed by runner or guardian if under 18
One entry per person

Mail to: **5k Run/Walk**
302 N. Second St.
Bridgewater, Va 22812

Bridgewater Retirement Community 5th Annual 5k!

October 16, 2010
Call 828-2550 for more information.

All proceeds go toward the Resident Care Endowment Fund. The RCEF was created for the purpose of providing supplemental funding for residents who are not able to afford the total cost of care in Bridgewater Home.

Free T-Shirts to the 1st 100 registered!

Race Information:
Registration 9:00 a.m.-9:30 a.m.
Race Starts 10:00 a.m.

Packet Information:
Pre-registered participants may pick up their packets Friday, October 15, 2010 or the morning of the race at the Houff Community Center.

Race Route:
Fast flat 3.1 miles on the streets of Bridgewater, VA. Starts and ends at BRC Houff Community Center

Sponsor Form
Participant Name:_____

Sponsor Information:

Name	Address	$$$$

Bring to registration table the day of the race!