Sponsor Form

Participant Name:_____

Sponsor Information:

Bring to registration table the day of the race!

Thank you for all your support!

Name	Address	$$$$

Bridgewater Retirement Community 4th Annual 5k!

October 31, 2009

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!

Bring your Sponsor Form the Day of the Race!

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, November 7, 2008 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

Directions:

From I-81 take exit 240, Hwy 257 west toward Bridgewater, approx. 2.8 miles, turn right onto Second St. Turn left at the stop sign, parking available on right.

Registration Form

Name:_____

Address:_____

City:_____ **State**:___ **Zip**_____

Age:_____ **Male**:___ **Female**:____

Shirt Size: S M L XL

___$20 Before October 16, 2009

___$25 After October 16, 2009

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