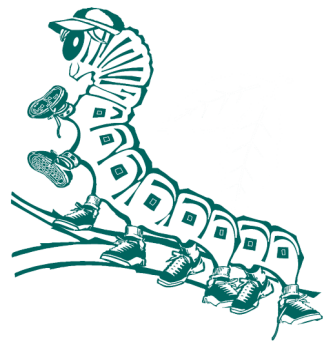




# Registration Form Information

## Hundreds of Feet... Miles of Care



5K Run/Walk  
Saturday, Oct. 10, 8 a.m.  
(Race Day Registration 7 - 7:30 a.m.)

Bedford Memorial Hospital  
1613 Oakwood St., Bedford, VA 24523



LAST NAME (print) \_\_\_\_\_ FIRST NAME \_\_\_\_\_

PHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

\_\_\_\_\_ Age on race day \_\_\_\_\_ Date of birth \_\_\_\_\_ Gender \_\_\_\_\_ Event (circle): Run Walk

T-SHIRT SIZE: (Circle one) XS S M L XL

*T-shirts guaranteed for the first 125 runners registered by September 25.*

REGISTRATION FEE: \$20.00 \_\_\_\_\_ check # \_\_\_\_\_  
\$25.00 \_\_\_\_\_ (on race day)

**ADDITIONAL DONATIONS** to BEDFORD HOSPICE CARE are TAX DEDUCTIBLE.  
All profits and proceeds will go to the indigent care fund. Amount of donation \$ \_\_\_\_\_  
Please send check payable to BEDFORD HOSPICE CARE.

### WAIVER (must be signed):

I know that participating in a road race is a potentially hazardous activity. I will not enter and participate unless I am medically able and properly trained, and I will consult with my physician if I am unsure of my medical ability. I assume all risks associated with participating in this event including, but not limited to, falls, contact with other participants, physical and/or mental exertion, the effects of the weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read the waiver and knowing these facts, and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Bedford Hospice Care, Bedford Memorial Hospital, Carilion Clinic, Centra Health, the City of Bedford, Bedford County, and all sponsors, their representatives and successors from any and all claims or liabilities of any kind arising out of my participation in this event even though the liability may arise out of the negligence or carelessness on the part of the persons named in this waiver.

\_\_\_\_\_  
Signature (Guardian if under 18)

\_\_\_\_\_  
Date

**MAIL TO:** Bedford Hospice Care, 815 Summit St., Bedford, VA 24523  
**Phone:** 540-587-6592 **Fax to:** 540-587-4105

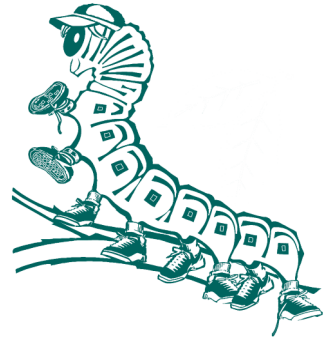


# Hundreds of Feet... Miles of Care



## 5K Run/Walk Saturday, Oct. 10, 8 a.m.

Bedford Memorial Hospital  
1613 Oakwood St., Bedford, VA 24523



### **LOCATION:**

Bedford Memorial Hospital, 1613 Oakwood St., Bedford, VA 24523

### **SPONSORED BY:**

Bedford Hospice Care

### **RACE DIRECTOR:**

Leah Spear and Mark Flores, 540-587-6592



### **AGE GROUPS:**

Men and women 12 and under, 13-19, 20-29, 30-39, 40-49, 50-59, 60 and over

### **AWARDS:**

Top three overall male and female and top three in each age group

### **ENTRY FEE:**

\$20. Race day registration is \$25. Make checks payable to **Bedford Hospice Care**

**RACE DAY REGISTRATION:** 7 - 7:30 p.m.

### **PACKET PICKUP:**

Bedford Hospice Care, 1621 Whitfield Dr., Bedford, VA 24523. Friday, Oct. 9, 4 – 7 p.m. and Saturday, Oct. 10, 7 – 7:30 a.m.

### **COURSE:**

Out and back from Bedford Memorial Hospital north on Oakwood Street, loop around North Branch Road and south on Oakwood Street. The course has moderate hills, with a downhill finish. The streets are NOT closed.

### **AID:**

There will be a water station at the half-way point

### **FUN:**

Door prizes and post-race food



Bedford Hospice Care is a service of Bedford Memorial Hospital and is a nonprofit organization that provides care to terminally ill patients and bereavement services.

**All profits and proceeds will go to the indigent care fund.**