**Come to the 6th Annual**

**Brenda Bryant 5K & 1M Run/Walk**

**When:** April 28, 2018 at 8:00am; packet pickup at race

**Where:** Murphy Deming College of Health Sciences (MDCHS) at Mary Baldwin University (MBU), 100 Baldwin Boulevard, Fishersville VA 22939 (plenty of parking available)

**Transportation:** *Provided* *from MBU main campus Alum House to race (6:30am-7:30am) and back*

**Course Description:** 1M is on paved path, perfect for strollers.

 5K is slightly hilly, cross-country terrain along a groomed path and creek.

**Awards:** Top three male and female receive medals. Top 3 teams receive individual medals.

**Proceeds:** Benefit the VWIL Brenda Bryant Scholarship Fund

**Registration Fee:** $20 includes race shirt, post-race refreshments; $10 for students;

 no cost to run and not receive the shirt – just come enjoy the morning and course with your friends

**For more info:** Call:(540)-887-7042,Email:**vwil@marybaldwin.edu**

**Find Registration Forms at:** <http://www.marybaldwin.edu/vwil/brenda-bryant-memorial-5k-runwalk/>

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Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Virtual Participants, provide mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ we’ll mail your bib# & shirt

SHIRT SIZE – short sleeve, adult sizes (circle one)       SM         M        L       XL       NONE – no cost

TEAM ENTRY: Must be 4 members. Each team member must submit a completed entry form with signed waiver.

Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Waiver (MUST BE SIGNED)**In consideration of your accepting this entry, I, the below signed, intending to be legally bound, for myself, my heirs, my executors and administrators, waive and release and any all rights and claims for damages I may have against the race, and sponsors and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest that I will participate in this event as a footrace, that I am physically fit and sufficiently trained for the completion of this event. Furthermore, I hereby grant full permission to use my name and likeliness, as well as any photographs and any record of this event in which I may appear for any legitimate purpose, including advertising and promotion.

**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_

**Parent or Guardian if under 18**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Register Via Mail – Mary Baldwin University – VWIL, P.O. Box 1500, Staunton VA 24401