



# Brown's 5K XC Run & Memory Walk

Saturday, October 8, 2016 • 12:00 Noon

To Benefit HOSPICE of ORLEANS • Sponsored by the Albion Running Club  
[www.albionrunningclub.com](http://www.albionrunningclub.com)

**DATE & START TIME:** Sat., Oct. 8, 2016 at 12 pm

**LOCATION:** Former Brown's Berry Patch Site  
14264 Roosevelt Hwy. (Rt. 18) • Waterport, NY 14571  
585-682-5569

**REGISTRATION & CHECK-IN:** 11 am

**5K Run/Walk Entry Fee:**

\$20 Pre-registration / \$25 Post-registration. T-shirts to the first 100 Preregistered entries postmarked by Oct. 1

**5K Family Walk & 1 Mile Fun Walk**

**Entry Fee:** \$30 per family.

Participants who want a T-shirt should add \$8 per shirt.

**COURSE:** The Course starts and finishes at Brown's Berry Patch. It is mostly flat with some gently rolling terrain through the orchards and woods. While running or walking through the farm you will enjoy beautiful fall foliage as you pass by apples, corn and pumpkins.

**Our event is Sanctioned by the  
USATF Timing by Merrill Enterprises**

**5K Run Awards promptly following race:**

Overall female & male winners plus top 3 in age groups get awards

**Age Divisions, Female/Male:** 13 & Under, 14-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70 & Over

**PARTICIPANT'S NAME (First & Last)**

\_\_\_\_\_

*In consideration for your accepting this entry, I, the undersigned, Intending to be legal bound, for myself, heirs, executors, administrators waive and release any rights and claims of damage I may have against the sponsors, Brown's Berry Patch, Orchard Dale Fruit Farms, Albion Running Club and Hospice of Orleans, as well as all agents, representatives, and successors thereof for any and all injuries or other damages, sustained by me, or any child, at or during the race, or as a result of participating. I give my permission to the organizers to use any photographs, video tapes or other recordings of me that are made during the course of this event. I certify that the competitor is in good health and capable of running/walking this distance. I further agree to abide by traffic rules and regulations.*

**Please check one:**  Walk  Run  Family Walk

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

**Signature of Parent or Guardian (if under 18)**

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

Male  Female Age \_\_\_\_\_ **Shirt Size** S M L XL  
(circle one)

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Make checks payable to:**

Hospice \_\_\_\_\_ USATF # \_\_\_\_\_

PO Box 489  
Albion, NY 14411

Registration form also available online:  
[albionrunningclub.com/browns5kregistration](http://albionrunningclub.com/browns5kregistration)



### Hospice of Orleans Support Opportunities

I will be Running/Walking in Memory or Honor of:

\_\_\_\_\_  
(Name of person you are remembering or honoring).\*

In addition to my registration fee, enclosed is a gift of \$ \_\_\_\_\_ to help Hospice provide services to everyone in Orleans County who needs them.

I can't join you for the 5k, but I want to support Hospice of Orleans with the enclosed gift of \$ \_\_\_\_\_ in Memory or Honor of:

\_\_\_\_\_  
(Name of person you are remembering or honoring).\*

**\*Names will be featured on a display board at the race.**