



West Haven High School  
Saturday, August 13, 2016  
9:00 AM

All proceeds to benefit the  
Yale-New Haven Hospital's  
Healing Environment  
Patient Care Initiative

Registration Fee: \$25.00

## Runners Registration

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

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Age on Race Day: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

T-Shirt Size: ( First 200 registrants ) Small: \_\_\_\_\_ Medium: \_\_\_\_\_ Large: \_\_\_\_\_ XLarge: \_\_\_\_\_

Cancer Survivor: Yes \_\_\_\_\_

In consideration of my entry to this race, I hereby release and waive any and all claims for damages I may have against the city of West Haven, and any and all sponsors and their representatives and any official or participant for any injuries I may suffer in conjunction with this race. I also certify that I am in good physical condition and have trained for this race. Further, I hereby grant all permission to any and all the foregoing to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Parent / Legal Guardian: ( If under 18 years of age )  
\_\_\_\_\_

Make checks payable to:

Tracey Sullivan / Hope Is Coming 5K

Please complete form and send with payment to:

**Hope is Coming 5k**

45 Annawon Avenue

West Haven, CT, 06516

### Questions?

Contact the Race Director

Tracey Sullivan (203) 927-0672

tracey@hopeiscoming5k.com

*Thank you for supporting all the courageous people cared for at  
Yale-New Haven Hospital*