

# Serenity House

a division of The Hansen Foundation, Inc.

Refreshments!

**Live Music by  
Nashville Recording Artist,  
Mia Bergmann**

## Run4Recovery

*Register TODAY!*

**Sunday, June 29th**

7:00am Registration

8:30am Start Time

5K RUN \$30 (after 6/20 - \$35)

2.5K WALK \$10 (after 6/20 - \$15)

1M KIDS FUN RUN! \$10 (after 6/20 - \$15)

\$250 Prize for Overall Men

\$250 Prize for Overall Women

& other GREAT prizes!

Sign up by 6/20  
to receive a  
FREE Tee Shirt!

**Location: Hope All Day Recovery Club**

(formerly Blue Heron Pines East Golf Course)

**600 S. Odessa Ave., Galloway**

### RUN4RECOVERY REGISTRATION FORM

Please complete & detach this portion and mail with your check payable to:

**THE HANSEN FOUNDATION**  
PO BOX 1020  
COLOGNE, NJ 08213

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY, STATE & ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Sign me up for: \_\_\_\_\_ 5K RUN (\$30- after 6/20 \$35) \_\_\_\_\_ 2.5K WALK (\$10- after 6/20 \$15) \_\_\_\_\_ 1M KIDS FUN RUN (\$10- after 6/20 \$15)

If registering by 6/20, you will receive a FREE tee shirt! Your tee shirt size is (circle one): Women's S M L Men's S M L Children's S M L

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**TOTAL ENCLOSED:** \_\_\_\_\_

**QUESTIONS? Call 609-965-4002**

In consideration of you accepting this entry, I, the participant, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against the Event Director and all of their agents assisting with the event, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_