



6th Annual
JOE KELLY MEMORIAL ROAD RACE
SATURDAY • APRIL 28, 2018 • 10 am
Run / Walk / Crawl

The Joe Kelly Memorial Road Race is in memory of Joseph Kelly who courageously battled brain cancer for two years. While Joe was only 14 when he passed away, his goodness and positive attitude for life impacted all of those who knew him. He was thoughtful, kind, generous and truly cared for others. Joe was also passionate about sports. Whether he was playing football, baseball or basketball, he was competitive, but mainly loved being part of a team. Please visit www.joe-kelly.org for more information.

Proceeds will be directed to Connecticut Children’s Medical Center for the purpose of providing assistance and services for families with children undergoing treatment in the Center for Cancer and Blood Disorders.



RACE STARTS AT THE LISBON TOWN HALL, EXIT 83A OFF OF 395 NORTH, PARKING AT LISBON MEADOWS

COURSE: 3.1 miles (Route 169 – Ames Road – Mell Road – Route 169 to Community Center) • Chip timing by Timing Plus New England

ENTRIES: Adult 5K – \$25.00 Pre-Registration before April 25, 2018, \$30 Walk-Up
 Youth 5K (17 and Under) – \$20 Pre-Registration before April 25, \$20 Walk-Up
 Katie Kelly’s 1-Mile Fun Run – \$10 Pre-Registration before April 25, \$15 Walk-Up

T-SHIRTS: For pre-registrants until we run out.

TO ENTER: Register ONLINE at: give.connecticutchildrens.org/joekelly5K
OR- Complete the registration form and make checks payable to: Connecticut Children’s Medical Center Foundation
 Please mail to: Connecticut Children’s Medical Center Foundation, c/o Joe Kelly 5K, 282 Washington Street, Hartford, CT 06106

CONTACT INFORMATION: Andrea Kelly – Tel.860.465.6151 or E-mail: teamjkelly@gmail.com

OFFICIAL APPLICATION – ALL INFORMATION MUST BE COMPLETE – PLEASE PRINT

SHIRT SIZE (check one): S M L XL XXL Adult 5K Youth 5K (17 and Under) Kids Run

LAST NAME _____ **FIRST NAME** _____

ADDRESS _____ **CITY** _____ **STATE** _____ **Zip** _____

MALE / **FEMALE** **AGE** _____ **E-MAIL ADDRESS** _____

PHONE _____

Waiver: I know that running is a potentially hazardous activity. I should not enter and run unless I am medically able. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and the conditions of the course/trails, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry into this running race, I, for myself and anyone entitled to act on my behalf, waive and release Team Joe Kelly, Connecticut Children’s Medical Center, its agents, volunteers and employees, all states, cities, counties, the Town of Lisbon or other governmental bodies or locations in which events or segments of events are held, all sponsors, their representatives and successors, from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

SIGNATURE _____ **PARENT’S SIGNATURE (IF UNDER 18)** _____

In support of

