Runway for Hope is an annual runway fashion and costume show featuring breast cancer survivors as models wearing creative and fun designs crafted and styled by local artists and others in our community. In addition to being the New England Breast Cancer Alliance's biggest fundraising event, Runway for Hope aims to empower and connect survivors, as well as to highlight their strength, resilience, and courage. The 2026 Runway for Hope will be held on **April 25th, 2026** at the Holiday Inn By the Bay in Portland, Maine. The design theme this year is **"Movie Magic."**

For safety reasons, models who are within approximately three years of treatment or are currently in treatment (defined in this case as chemotherapy, radiation, surgery) are required to submit a signed release from their doctor indicating the level at which it is safe for them to participate.

FOR THE PARTICIPANT:

Are you currently in treatment (defined in this case as chemotherapy, radiation, surgery)?
____ Yes ____ No

If you are not currently in treatment, did you complete treatment (defined in this case as chemotherapy, radiation, surgery) after April 25th, 2023?
____ Yes ____ No

_____ ___/___/_____
Signature Date

_____
Print Name

If you answered yes to either question above, please have your doctor fill out the rest of the form (on the following pages). Your doctor may mail the completed form to the address below, or e-mail it to info@newenglandbreastcanceralliance.org (please e-mail us if you would like an electronic version).

If you answered no to both questions above, your doctor does not need to fill out the remainder of the form, but please still return your form by mail to the address below.

PHYSICIAN WAIVER

Being a model in the Runway for Hope will involve being at the event for between 7 and 12 hours, being in costume, and walking on a runway. For safety reasons, all participants who are currently in treatment or completed treatment after April 25th, 2023 (treatment is defined in this case as chemotherapy, radiation, surgery) are required to have this form completed by their physician and returned to the New England Breast Cancer Alliance in order to participate in the event. *(NOTE: Information shared here is private and will not be shared with anyone except New England Breast Cancer Alliance staff and medical reviewers)*

_____ ___ /___ /_____
Patient's Full Name Patient's Date of Birth

1. What is your patient's diagnosis?
_____

2. What kind of treatment(s) is your patient currently receiving?
_____

3. Do you have any concerns with your patient participating in the Runway for Hope?
____ Yes ____ No

(If yes, please explain): _____
_____

4. Does the applicant have a history of significant weakness of an extremity or have trouble walking unassisted?
____ Yes ____ No

5. Does the applicant have any significant heart or lung problems (besides asthma) that might impact their ability to participate?
____ Yes ____ No

(If yes, please explain): _____

6. Please describe any physical disabilities and/or limitations that may impact your patient's participation in the RUNWAY FOR HOPE.
_____

RUNWAY for HOPE

PHYSICIAN'S STATEMENT

I have examined _____, who is physically able to participate in the RUNWAY FOR HOPE as
Name of Patient
described. I attest that all of the medical information listed above pertaining to treatment and disabilities is correct and true.

Should any medical emergency arise during this activity, I have provided telephone numbers where I may be reached for medical consultation concerning the welfare of my patient. *(We will only use this information to contact you about concerns we may have about your patient. We will not use this information for any sort of solicitation)*

(_____) _____ - _____
Emergency Phone Number

(_____) _____ - _____
Office Phone Number

_____
Hospital Name

(_____) _____ - _____
Hospital Phone Number

_____
Medical License Number

Please sign below and return by e-mail to info@newenglandbreastcanceralliance.org, or mail to the address below.

_____
Signature

___ /___ /_____
Date

_____
Print Name

Thank you for completing this information.

New England Breast Cancer Alliance | www.newenglandbreastcanceralliance.org
32 Cooks Mills Road, Naples, ME 04055 | (207) 650-0771