

SUNDAY, OCTOBER 9, 2016

8 A.M. Registration • **10 A.M.** 5K Start Time

RUN OR WALK WITH OR WITHOUT YOUR DOG ON

Delaware Valley University's Cross Country Course
700 East Butler Avenue, Doylestown PA 18901

Benefits

animal  lifeline and  **Cat Tales**
nonprofit animal rescue

Proceeds from this race will provide support for the community as well as rescues, shelters, and municipal groups that advocate for homeless animals every day.

Animallifelinepa.org • CatTalesinc.org



2016

WWW.ANIMALLIFELINEPA.ORG

DOG DAY 5K REGISTRATION FORM

Mail in deadline **SEPTEMBER 30, 2016**

▲ Name _____

▲ Street or PO Box _____

▲ City _____

▲ State _____ ▲ Zip _____

▲ Phone # _____ ▲ Email address _____

Birthdate: ____/____/____ Age (on race day): _____ M F

T-Shirt Size (pre-registered only)

S M L XL XXL

▲ Your Dog's Name _____ ▲ Gender _____ ▲ Age _____

Veterinary care will be provided on the race course if necessary
For additional Race Information or to sign up on-line:
<http://www.animallifelinepa.org/event/dog-day-5k>

PRIZES:

1st, 2nd, 3rd Overall Male/Female Adult Bracket
1st, 2nd, 3rd Overall Male/ Female Kids Bracket
Team Division (4 runners minimum with at least one dog)
DOG PRIZES TOO!!!

EVENT ENTERED:

Race or Walk Fee: \$25 by September 30, 2016.
After September 30, 2016 including race day, \$30.

- 1.5 Mile Trail (Kids under 12 walk free w/parent.)
- 5K Trail Run –Individual
- 5K Trail Run –Team (Must contain at least 4 people and 1 dog.)

Team Name: _____

MAIL CHECKS AND MAKE PAYABLE TO:

Pretzel City Sports • 112 W. 36th Street • Reading, PA 19606

OPTIONAL ONLINE REGISTRATION AVAILABLE AT:

www.pretzelcitysports.com

(Nominal service fee applies, closes at midnight, Oct. 5, 2016.)

WAIVER & RELEASE: I know that running is a potentially hazardous activity. I know that I should not enter this running event unless I am medically able and have consulted with a physician. I acknowledge that falls, contact with participants and dogs, the effects of weather, including high heat and/or humidity, the conditions of the property and/or road, and traffic on the course, are all risks that are known and appreciated by me. I hereby consent to receive medical treatment in the event of injury, accident and/or illness during the event. Having read this waiver and knowing these facts, and in consideration of my being accepted into the Dog Day 5k event, I, for myself and anyone entitled to act on my behalf, waive and release Animal Lifeline, Delaware Valley University, program volunteers, and 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 of persons named in this waiver. It's okay to share my email address with event sponsors only to receive coupons and incentives. I further agree to allow Dog Day 5k event organizers, race sponsors, and the media, without limitations or compensation, to utilize my image or name in video or picture, for promotional purposes. **I HAVE READ AND UNDERSTAND THIS WAIVER:**

Signature: _____ Date: _____

(Parent or guardian's signature if less than 18 years of age)

For more information about Animal Lifeline or Cat Tales Inc. visit: Animallifelinepa.org or CatTalesinc.org.