



2nd Annual Race to Benefit A Tail to Tell, Inc. Puppy Mill Rescue

Registration Form

5k RUN 8:30 AM / 1 Mile Walk 9:30 AM

April 16th, 2016

Elizabeth Township Community Park
116 E 28th Division Hwy, Brickerville, PA 17543

Registration Information:

- ❖ **5k** – By March 31st: \$25, race shirt guaranteed. After March 31st: \$30, shirt is not guaranteed. Awards to top 3 fundraisers and top 3 male/female overall finishers, as well as age group awards.
- ❖ **1 mile walk** - By March 31st: \$25, race shirt guaranteed. After March 31st: \$30, shirt is not guaranteed. Bring the whole family, including your dogs (as long as they are vaccinated and will be OK in a crowd).
- ❖ **Kids (Aged 10 and Under) Participation in EITHER RACE:** By March 31st: \$5, no shirt. After March 31st: \$10, no shirt.
- ❖ Register online through <https://runsignup.com/Race/PA/Lititz/ChaseYourTail5Kand1MileWoofWalk> or mail in entry to address below.
- ❖ Race Day Details, including packet picket up, can be found at <http://atailltotell.com/chase-tail-5k-1-mile-woof-walk>.
- ❖ Course wheel measured to the foot by Pretzel City Sports.

Entry Form: Select One: _____ 5K _____ 1 Mile Walk

Name: _____ Date of Birth: _____ Age on Race Day: _____

Sex: _____ Phone: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

T-shirt Size: S M L XL 2XL

Please donate an additional \$ _____ to A Tail to Tell

Waiver: 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.

Signature: _____ Date: _____

(Parent's Signature if Under 18)

Mail completed registration form along with cash/check for payment to:

A Tail to Tell, Inc.
C/O Karin Weinert
1009 Beachwood Blvd
Beachwood, NJ 08722

Make Checks payable to: A Tail to Tell, Inc.

Contact Karin Weinert via E-mail: kweinert@atailltotell.com with questions.