

# TAILS 'N TRAILS

## CANINE RUNNING AND WALKING EVENT WASHINGTON CROSSING STATE PARK, NEW JERSEY



**DATE:** SATURDAY, MAY 7, 2011  
**PLACE:** WASHINGTON CROSSING STATE PARK, NEW JERSEY  
BEAR TAVERN ROAD ENTRANCE (ROUTE 579)  
**TIME:** 10:00 A.M.  
**REGISTRATION:** 8:30 A.M. TO 9:45 A.M. SHARP

**COURSE:** RUN: Scenic 2.5 mile course on the trails of Washington Crossing State Park  
WALK: Scenic 2 mile course on the trails of Washington Crossing State Park

**RUN:** Awards will be provided as follows: TOP TEN overall dog with female, TOP TEN overall dog with male, 1<sup>st</sup> shelter dog with female, 1<sup>st</sup> shelter dog with male, 1<sup>st</sup> dog 25 lbs. or under with female, 1<sup>st</sup> dog 25 lbs. or under with male, 1<sup>st</sup> dog 75 lbs. or over with female, 1<sup>st</sup> dog 75 lbs. or over with male, 1<sup>st</sup> dog age 6 and over with female age 40-49 (master), 1<sup>st</sup> dog age 6 and over with male age 40-49 (master), 1<sup>st</sup> dog age 10 and over with female age 50 and over (veteran), 1<sup>st</sup> dog age 10 and over with male age 50 and over (veteran).  
No duplicate awards.

**All finishers will receive a prize.**

**WALK:** All participants will receive a prize.

**ENTRIES AND FEE:** \$25, includes t-shirt, bone and goodie bag (while supplies last). PRE-REGISTRATION IS PREFERRED.  
Make all checks payable to "Tails n Trails" and mail to 11 Harrison Avenue, Titusville, New Jersey 08560.  
Tails n Trails is a New Jersey non-profit corporation.

**RULES:** PROOF OF CURRENT RABIES VACCINATION MUST BE SUBMITTED WITH THE APPLICATION. Dogs must be on leashes at all times (no longer than 6'). Flex leashes are **not** permitted. You are responsible for picking up after your dog. PLEASE KEEP THE GROUNDS AND PARK AS CLEAN AS YOU FOUND THEM. The race director and/or race veterinarian reserve the right to refuse entry or remove a dog from the course if the dog appears hazardous to others or if the dog's physical condition appears to be in jeopardy before or during the race.

**IF YOU WOULD LIKE TO BE A SPONSOR OF THIS EVENT:** Please call Cheryl A. Maccaroni at (609) 429-0525.

**PARKING:** Registration and parking will be at the race Start/Finish area at the soccer fields (Phillips Farm area).

**NET PROCEEDS WILL BE DONATED TO SMALL DOG RESCUE**

**DIRECTIONS:** The Park is located at the intersection of Routes 546 (Washington Crossing-Pennington Road) and 579 (Bear Tavern Road) in Titusville, NJ. From Trenton: go North on Rte. 29 for approximately 7 miles. Turn Right onto Rte. 546 (Tavern on the left and gas station on the right). Continue approximately 1 1/2 miles. Make a Left onto Bear Tavern Road (Rte. 579). Make first Left into the Park.

Name of Human \_\_\_\_\_ Name of Canine \_\_\_\_\_ Address \_\_\_\_\_  
Age of Human on race day \_\_\_\_ Age of Dog on race day \_\_\_\_ Sex of Human \_\_\_\_ Sex of Dog \_\_\_\_ Weight of Dog (current) \_\_\_\_\_  
Rescue/Shelter Dog: Yes \_\_\_\_ No \_\_\_\_ Name of Shelter \_\_\_\_\_  
T-shirt size (circle one): S M L XL E mail address \_\_\_\_\_

I assume all risks associated with this event. Having read this waiver and in consideration of accepting my application, I hereby agree for myself, my heirs, executor and assigns to waive any and all rights and claims for damages I may have against the event directors, sponsors, coordinating groups, volunteers, Prince Associates, Inc., Hartford Insurance Company, Gentzler & Smith Assoc., New Jersey Casualty Insurance, Small Dog Rescue, Inc., Dr. Emmett Wilson, Jr., Cheryl Maccaroni, Dante DiPirro, Tails n Trails, and any other individuals or entities associated with this event and will hold them harmless for any and all injuries suffered in connection with this event. I have been warned that I and my canine partner must be in good health to participate in this event. I give permission for the free use of my name and picture and my canine's name and picture in any broadcast, telecast, or print media regarding this event. I also hereby consent to permit emergency treatment to myself and my canine partner in the event of an accident, injury or illness.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or guardian if under 18 \_\_\_\_\_ Date \_\_\_\_\_