

**Bring your pooch and check out the  
Curwensville Lake Recreation Area Dog Park  
a 22,500 square foot, double-gated facility for your dog's  
exercise and enjoyment**



**ALL PROCEEDS FROM THE 5K BENEFIT  
THE ALLEGHENY SPAY & NEUTER CLINIC  
ANIMAL WELFARE COUNCIL**

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**REGISTRATION FORM**

**Register online at [CentralPATickets.com](http://CentralPATickets.com) (fees may apply)**

**or**

**Send to: AWC (attn: 5K) PO Box 97, 1380 Shawville Hwy, Woodland, PA 16881**

**Questions: 814-592-4469/814-857-5280**

**RUNNER'S/WALKER'S**

**NAME** \_\_\_\_\_

**DOB** \_\_\_\_\_ **AGE ON RACE**  
**DAY** \_\_\_\_\_ **SEX** \_\_\_\_\_ **M** \_\_\_\_\_ **F**

**ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

**PHONE** \_\_\_\_\_ **CELL**  
**PHONE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_  
\_\_\_\_\_

**EVENT (circle one) 5K RUN 5K WALK 1 MILE WALK**

**T SHIRT SIZE (circle one) Adult S M L XL 2X (add \$2)**  
**Youth S M L XL**

RELEASE AND WAIVER: I THE UNDERSIGNED RELEASE THE Animal Welfare Council of the Alleghenies, the Allegheny Spay & Neuter Clinic, Curwensville Lake Authority, the Race Organizers, Board Members, Employees of the Animal Welfare Council/Allegheny Spay and Neuter Clinic, Volunteers and any additional contributors, sponsors, or assigns of any liability associated with my participation in the 5K Run/Walk. I hereby certify that I am in good enough health to the best of my knowledge to safely participate in this event. (Parent or Guardian's signature is needed if under 18 years of age)

**PARTICIPANT'S  
SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_