

SUMMER SOLSTICE RUN

15K Trail Race

Fund Raiser for the Lou Gross Memorial Fund

**Sponsored by the Shawangunk Runners & hosted by Minnewaska State Park Preserve
Spectacular Scenic Course on Dirt Carriage Trails**

6:30 pm, Wednesday June 24, 2009

Where? Minnewaska State Park, Route 44/55, New Paltz, NY

Course? Castle Rock/Lake Awosting; starts at Lake Minnewaska and runs along incredible cliffs, circles pristine glacial lakes, and through blooming mountain laurel. This is one of the most beautiful runs, anywhere.

Registration? starts at 5:00 pm. Registration fee is \$10; day-of registration fee is \$12. Make checks payable to **Shawangunk Runners**, and mail to Beth Glace, 501 Swartekill Rd, New Paltz, NY 12561. A \$7.00 fee, per car, will be charged by the Park. Save money and parking spots – please car pool!

More information? Call Beth at 212-434-2717 days, Steve at 845-339-5474 evenings, or email ssrun54@aol.com.

Awards? In all standard 10-year age groups. This race is sanctioned by USA Track and Field. Results will be posted at our e-group, [www. groups.yahoo.com/group/runthegunks](http://www.groups.yahoo.com/group/runthegunks).

In consideration of accepting this entry, I, intending to be legally bound for myself, heirs, administrators and executors wave and release any and all rights and claims for damages I may have against the organizers, sponsors and the Shawangunk Runners, The Lou Gross Memorial Fund or its directors or board, the People of the State of NY, NY State Executive Department, Office of Parks, Recreation and Historic Preservation, Palisades Inter State Park Commission, their Commissioners, officers, agents, and employees for any and all injuries suffered by me in this event. I attest and verify that I am physically fit and have trained sufficiently for this event. I understand that the carriage roads are mainly shale surfaced and moderate in grade and present varying degrees of difficulty, and that they may parallel cliffs, ravines and other natural hazards.

NAME _____ PHONE _____ SEX _____ AGE _____

ADDRESS _____ DATE _____

SIGNATURE _____ PARENT IF MINOR _____