

# SUMMER SOLSTICE RUN

## 15K Trail Race

### 1.6 Mile Walk

## Fund Raiser for the Friends of the Shawangunks & Save the Ridge

Sponsored by the *Shawangunk Runners* & hosted by *Minnewaska State Park Preserve*

*Spectacular Scenic Course on Dirt Carriage Trails*

**6:30 pm, Wednesday June 22, 2005**

**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 lake and through blooming mountain laurel. This is one of the most beautiful runs, anywhere.

**Registration?** starts at 5:00 pm. Registration fee is \$8; day-of registration fee is \$10. Make checks payable to **Kevin Roach**, and mail to Elaine Matthews, 76 Cereus Way, New Paltz, 12561. A \$7.00 fee, per car, will be charged by the Park. Consider car pooling! This race is sanctioned by USA Track and Field.

**More information?** Call Elaine at 845-255-9186. Or email her at flyagain@earthlink.net.

**Awards?** In all standard 10-year age groups.

Results will be posted at [www.runthegunks.com](http://www.runthegunks.com) and at our e-group, [www.groups.yahoo.com/group/runthegunks](http://www.groups.yahoo.com/group/runthegunks).

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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, Friends of the Shawangunks and the Shawangunk Conservancy, 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 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 \_\_\_\_\_