

Ashokan Reservoir Run 4-mile race



Date: Sun. Nov. 2, 2014

Start: 10:00 (9:00-9:45 packet pickup)

The eagerly awaited return of the area's favorite Fall race! A 4-mile loop over protected DEP roads with *breathtaking views* of the Ashokan Reservoir and surrounding forest. All your favorite features are back:

- Measured 4-mile course,
- Great long-sleeve shirts; Fran's signature artwork.
- Al's famous post-race SOUP and CHILI.

Entry fees:

- \$20 pre-registration; \$25 after 10/25.
- \$15, under 18 or over 69, pre-registered.

Race course location:

Start and finish line is at the Ashokan aerator fountain. A 4-mile course along BWS Rd. and the reservoir perimeter road. Elevation change is approx. 80 ft. with a gentle downhill to the finish line. No pets please.

Address: Ben Nesin DEP Lab, Rt. 28A, Olivebridge, NY

Information or questions: Steve: 845-417-5795;
ashokan.run@gmail.com

To benefit and assistance from:

**Rip VanWinkle Council
Boy Scouts of America**
Prepared for Life®
Character Counts®



- Long-sleeve shirts to the first 150 entrants.
- Post-race merchandise drawings.
- SWAG bag goodies



Checks payable and mail to:

Rip VanWinkle Council, BSA
71 Pine St.
Kingston, NY 12401
845-339-0846
845-339-1168 (f)
Ashokan.run@gmail.com

Name of runner (first, last) _____
 Street Address _____
 City _____ State/Zip _____
 Phone _____
 Email _____
 Signature (parent or guardian if under 18) _____ Date _____

Waiver: I acknowledge the inherent risks and potential hazards of participating in this event. In consideration of accepting this entry, I the undersigned, intending to be legally bound for myself, my heirs, executors and administrators, assume all risks of participation and WAIVE and RELEASE any and all claims for damages or liability I may have against the race organizers, sponsors and volunteers for any and all injuries or illness suffered by me in this event. I hereby agree to hold harmless and indemnify the race organizers, sponsors and volunteers from any suits and proceedings, regardless of the cause.

Shirt size: S M L XL
 Male Female Age: _____

Credit card: fax or scan/email your signed registration with CC info to the above address.

Name on Card _____ Exp. date and 3-digit CCID _____
 Credit Card Number _____ Signature of card holder _____