

SUMMER SOLSTICE

14K Trail Run

Wednesday June 24, 2015

Fund Raiser for the Lou Gross Memorial Fund

Minnewaska State Park

5281 Route 44/55, Kerhonkson, NY

Race: 6:30pm

Registration: [Online](#) & Day-of starts at 5:00pm*

* Race limited to 350 entrants

Cost: Pre-registration is \$15 | Day-of registration is \$20

Minnewaska charges an entry fee of \$8 per car* (Empire Passport accepted)

* Carpool please to save parking spaces & money



Course: The race starts at Lake Minnewaska and runs along incredible cliffs (Castle Point), circles pristine glacial lakes (Lake Awosting), and through blooming mountain laurel. This is one of the most beautiful runs, anywhere. **This race is sanctioned by USA Track and Field**

Finishers: Receive a special race specific item

Awards: M/F in categories 19 & Under | 20-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70+

Questions: Beth (212) 434-2717 | Steve (845) 339-5474 | ssrun54@aol.com

Results will be posted to shawangunkrunners.com/2015-races/

Make checks payable to **Shawangunk Runners**

Mail to Christopher Regan, 7 Park Ave, Wappingers Falls, NY 12590

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.

(Please print clearly)

Name: _____ Gender: M F

Address: _____ DOB: ___ / ___ / ___

Phone: _____

E-mail: _____

Emergency Contact: _____ Phone: _____

Signature: _____ Date: ___ / ___ / ___

(Guardian signature if minor)