

The Shawangunk Runners

presents

Rosendale Runs

HALF MARATHON & PLAINS RUN (4.4 Miles)

Saturday October 20th, 2018

Rosendale Rec. Center

1055 Route 32, Rosendale, NY

Race: 8:30am

Registration: https://www.zippyreg.com/online_reg/index.php?e=1071 *Registration is capped at 350

Cost: Half Marathon: \$25 | Plains Run: \$15

Description: The 2018 Rosendale Run Half Marathon and Plains Run is a beautiful course with a variety of terrain and surfaces, history and natural beauty of the Town of Rosendale. The fall foliage will more than likely be at or near its peak for the race. All proceeds will be going to the Town of Rosendale Parks and Recreation.

This race is sanctioned by Road Runners Club of America

Finishers: Unique Age Group Awards & Special Finishers Item

Awards: M/F Top 3 Overall in 10 year age groups from 19 & Under to 70 & Over

Questions: Steve (845) 339-5474 | ssrun54@aol.com

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 waive and release any and all rights and claims for damages I may have against the THE TOWN OF ROSENDALE, THE TOWN OF ULSTER, WALLKILL VALLEY LAND TRUST, INC., OPEN SPACE CONSERVANCY and WILLIAMS LAKE PROJECT as well as any and all organizers, sponsors and the Shawangunk Runners, the People of the State of NY, NY State Executive Department, Office of Parks, Recreation and Historic Preservation, 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: _____

Race: 13.1 4.4

E-mail: _____

Emergency Contact: _____ Phone: _____

Signature: _____ Date: ____ / ____ / ____

(Guardian signature if minor)