

Josh Feldt /After the Leaves Have Fallen

20 K Trail Race

Sponsored by the *Shawangunk Runners* and *Minnewaska State Park Preserve*

Spectacular Scenic Course on Dirt Carriage Trails

11 a.m. Sunday, November 11, 2012

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

Course? Traditional route- start at Lk. Minne go clockwise around lake on red trail; turn left onto green trail; make right onto black trail and go around Lake Awosting counter clockwise; make right onto blue trail go up and over Castle Rock; make left onto red trail and run to finish.

Registration? starts at 9:30 am. Pre-Registration fee is \$12; Day-of fee is \$15 . Make checks payable to **Shawangunk Runners**, and mail to Steve Schallenkamp at 33 Emerson St, Kingston NY, 12401. The State Park charges a \$8 fee per car. Please carpool to save money and parking spots!

Directions? Exit 18 off the NY State Thruway. Make left onto Route 299 and follow to intersection with Route 44/55. Make right onto 44/55; continue approx. 5 miles to Minnewaska State Park, on left.

More information? Steve (eves) at 845-339-5474. Results will be posted at **www.shawangunkrunners.org**. This race is sanctioned by USA Track and Field.

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 organizers, sponsors and the Shawangunk Runners, 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 _____

ADDRESS _____

SEX _____ DOB _____ Email _____ DATE _____

SIGNATURE _____ PARENT, IF MINOR _____