



SHAWANGUNK VALLEY 5-MILER



Sunday October 13, 2013 10:00 AM

“Proud Participant in the 2013 Hudson Valley Grand Prix”

Directed and organized by
Mid-Hudson Road Runners Club



- LOCATION:** Shawangunk Valley Fire House, 2150 Bruynswick Road, Walkill, NY
- COURSE DESCRIPTION:** A rolling, rural 5-mile loop with a downhill finish. This is a very scenic route passing by fields, orchards, and a vineyard and having great views of the Shawangunk Mtn. ridge.
- PRE-REGISTRATION:** Register online through the Shopping Cart at www.mhrrc.org or mail entries to Bill Rosenberg, 2133 Bruynswick Rd, Walkill, NY 12589. Postmark prior to 10/6/13. Pre-registration fee is \$20 (MHRRC members \$18). Make check payable to “MHRRC.”
- RACE-DAY REGISTRATION:** At Shawangunk Valley Fire House, 8:30-9:30 AM. Race-day registration \$25.
- AWARDS:** Overall Male & Female
Male/female age groups: ≤13, 14-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70-70, 80+
- SHIRTS:** Long-sleeve T-shirts guaranteed to all runners registered by **10/6/13**
- INFORMATION:** Contact Bill Rosenberg or Rebecca Withers at (845) 895-3402 or e-mail Wrosenb822@aol.com or visit www.mhrrc.org.
- RESTRICTIONS:** No Headphones, No Baby Strollers, No Roller Blades, No Dogs. Thank you.

SPONSORS:



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I know that running a road race is a potentially hazardous activity and that I should not run unless properly trained and medically able. In consideration of accepting this entry, I, the undersigned, intending to be legally bound, for myself, my heirs, executors, and administrators waive and release any and all claims for damages I may have against the Mid-Hudson Road Runners Club, the Town of Shawangunk, and any other sponsors, their representatives and successors including the Road Runners Club of America for any and all injuries suffered by me in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Name: _____ Birth date: ___/___/___ Age: _____

Address: _____ Sex: M F T-Shirt: S M L XL

City: _____ State: ___ Zip: _____ Phone: (____) _____

E-Mail: _____ Hudson Valley Grand Prix member? Yes No

Signature: _____ Date: _____

(If runner is under 18, parent's signature is required)