



SHAWANGUNK VALLEY 5-MILER



Sunday October 13, 2024

To Benefit
Shawangunk Valley Fire Company

- RACE START TIME:** 9:00 A.M.
- LOCATION:** Shawangunk Valley Fire House, 2150 Bruynswick Road, Wallkill, NY
- COURSE DESCRIPTION:** A rolling, rural 5-mile loop with a downhill to flat 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:** Pre-registration fee: \$35
- ON-LINE REGISTRATION:** Register online through www.runsignup.com
- MAIL-IN REGISTRATION:** Make check payable to "SVFC"
Mail entries to Bill Rosenberg, 2133 Bruynswick Rd, Wallkill, NY 12589. Postmark prior to 9/23/24.
- RACE-DAY REGISTRATION:** Race-day fee: \$40
At Shawangunk Valley Fire House, 7:30 - 8:30 A.M.
- AWARDS:** 5-Miler:
Overall Male & Female
Male/female age groups: ≤13, 14-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70-79, 80+
Overall Male & Female First Responder
- SHIRTS:** T-shirts guaranteed to all 5-milers registered by 9/23/24
- INFORMATION:** Contact Bill Rosenberg @ 845-325-7537 or e-mail wrosenb822@aol.com or Rebecca Withers @ 914-213-4131 or e-mail rjwithers213@aol.com

RESTRICTIONS: No Headphones, No Baby Strollers, No Roller Blades, No Dogs. Thank you.

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 Shawangunk Valley Fire Company, the Town of Shawangunk, and any other sponsors, their representatives and successors 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: XS S M L XL

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

E-Mail: _____

Current/past First Responder? Y N

Member 2024 ORC Grand Prix? Y N

Signature: _____ Date: _____

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