

AFTER THE LEAVES HAVE FALLEN /

JOSH FELDT MEMORIAL RUN

20 K Trail Race

*Fund Raiser for Kingston High School Girl's Cross
Country Team*

Sponsored by the *Shawangunk Runners* and *Minnewaska State Park
Preserve Spectacular Scenic Course on Dirt Carriage
Trails*

This race is sanctioned by USATF

11 a.m. Sunday, November 2, 2008

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

Course? starts at Lake Minnewaska and follows Hamilton Point to Lake Awosting. Runs along incredible cliffs, and circles pristine glacial lakes. This is one of the most beautiful runs, anywhere [or so we think].

Registration? starts at 9:30 am. Registration fee is \$10. Make checks payable to **Shawangunk Runners**, and mail to Steve Schallenkamp at 33 Emerson St, Kingston NY, 12401. The State Park charges a \$7 fee per car.

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. Go to parking lot on mountain top.

More information? Steve (eves) at 845-339-5474.

Awards? In all standard age groups.

Results will be posted at www.runthegunks.com. and on our e-group at

www.groups.yahoo.com/group/runthegunks



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 _____ SEX _____ AGE _____

ADDRESS _____

SIGNATURE _____ PARENT, IF MINOR _____