



# Governor Dick Park

## Sunday June 21, 2020 at 5:00PM

*Presented by the Clarence Schock  
Memorial Park and Community Health  
Council of Lebanon County*



Celebrate the longest day of the year and the start of summer with a trail run through the forested hills of the Park at Governor Dick in beautiful Mt. Gretna, PA. Choose between two different courses and terrains with both a 5k run (3.1 miles) and 10k run (6.2 miles) option. Choose the 10k if you are interested in conquering our longest and rockiest trail in the park. Our 5k offers similar rocks and hills, but not quite as many! This is a perfect race with options for both beginner and experienced trail runners. Proceeds from this race will benefit the trails, programming and facilities of the Clarence Schock Memorial Park at Governor Dick. After the race, stick around for a solstice celebration.

**COURSE:** Start at Clarence Schock Memorial Park (3283 Pinch Road, Mt Gretna, PA 17064) Nature Center. The 5k and 10K courses will be different (starting approx. 10 minutes apart). We welcome walkers to participate in the 5k route, but due to time constraints (ie: darkness) we recommend prior trail running experience for the 10k.

**PARKING:** Parking is available at Governor Dick Park. Parking and the entrance will be well signed. Please visit our website closer to the race date for more detailed information.

**REGISTRATION:** Race Registration and number pick up will take place at Clarence Schock Memorial Park on race day from 3:30pm to 4:30pm.

**MORE INFORMATION (over) →**

**PLEASE PRINT CLEARLY: Email or phone contact required**

\_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age (on day of race): \_\_\_\_\_  
 (First Name) (Last Name)

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
 (Street) (City) (State) (Zip Code)

Email: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Gender: M or F (please circle one)

I am registering for :   (circle) 5K 10K Amount Paid: \_\_\_\_\_

**Did you sign BOTH SIDES of this sheet? Please SIGN the WAIVER on the back of this form!**

**AWARDS:** 1<sup>st</sup> overall male and female in each distance, plus top 3 males/females in each age group in 19 & Under, 20-29, 30-39, 40-49, 50-59, 60+. All racers will receive a packet of wildflowers for participating.

**Entry information for individual participants:**

5k: \$25/person postmarked by June 7, 2020 – \$35/person if postmarked after Jun 7, 2020 (including day of race)  
10k: \$30/person postmarked by June 7, 2020 – \$40/person if postmarked after Jun 7, 2020 (including day of race)

(Above entries include a sun visor if reg. by 06/07/20, after that date & including race day avail. while supply lasts)

**\*\*\* ONLINE REGISTRATION AVAILABLE AT [www.runreg.com/solsticerun](http://www.runreg.com/solsticerun) \*\*\***  
(Nominal service fee applies, closes at midnight, the Wednesday before race day)

**RACE WILL GO ON RAIN OR SHINE. No refunds.**

**RACE CONTACTS:**

Race Director: Nicole Maurer, [nmaurer@wellspan.org](mailto:nmaurer@wellspan.org), 717-270-7935  
Sponsorships and Registration: Sally Schach, [governordick2@hotmail.com](mailto:governordick2@hotmail.com), 717-964-3808

**RESTRICTIONS:** We love pets, but we can't allow you to race with them this time.

**RESULTS:** Finish line and timing service by Pretzel City Sports. Race Results posted on [www.pretzelcitysports.com](http://www.pretzelcitysports.com). Race will be professionally timed by "Pretzel City Sports" (PCS)

Mail application, with checks payable to **Clarence Schock Memorial Park**  
Attn: Sally Schach, PO Box 161, Mount Gretna PA 17064

---

**\*\*Waiver:** I know that running a race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also assume any or all other risk associated with running or attending the race, including but not limited to falls, contact with other participants, the affects of the weather and the condition of the trail, all such risks being known and appreciated by me. Knowing these facts, and in consideration of your accepting my entry fee. Thereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge Pretzel City Sports, Lebanon Valley Conservancy, The Community Health Council of Lebanon County, the race committee, volunteers, and all sponsors, including their agents, employees, assigns, or anyone acting on their behalf, or anyone else associated in any way with the race, from any or all claims or liability for death, personal injury or property damage of any kind of nature what so ever arising out of, or in the course of my participation in this event. This waiver extends to all claims of every kind or nature what so ever, foreseen, or unforeseen, known or unknown. By entering this race I am granting permission to all parties affiliated with the race to use any pictures or likeness of me secured at the event in any way they see fit without review, restriction or compensation.

Participation in any Governor Dick Environmental Center (GDEC) or Clarence Schock Memorial Park (CSMP) activity and use of any facilities involves a risk of accidental injury despite all safety precautions. Having been informed of the activities conducted by the GDEC or CSMP, I/we, as an individual or as a parent or guardian of the participants named herein, assume all risks and hazards incidental to the activities. I release from responsibility and agree to indemnify and hold harmless the GDEC or CSMP, its officers, directors, independent contractors, volunteers, and all employees for any illness or injury to me or my children or family members occurring during his/her/our participation in any activity or use of any facility at or conducted by the GDEC or CSMP.

Photographs may occasionally be used in promoting programs, activities, and volunteer opportunities for the park. Names and personal information will not be used/attached with the photo. End waiver \*\*\*

**I HAVE READ AND UNDERSTAND THIS WAIVER: (IF UNDER 18, LEGAL GUARDIAN MUST SIGN)**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Did you sign BOTH SIDES of this sheet?**