

Annapolis Striders present the Eleventh Annual
Rosaryville Veteran's Day 50K
Rosaryville State Park

The race will close out at 200 participants

SATURDAY, November 14, 2020, 8:00 a.m.

LOCATION and DIRECTIONS	<p>Rosaryville State Park</p> <p>From Baltimore: (Travel time approx. 1 hour.) Take Route 97 to Route 3 south. Route 3 will cross Route 50 and become Route 301 south. Follow Route 301 to Upper Marlboro. The State Park is located approximately 4 miles south of Upper Marlboro. The park entrance is on the right.</p> <p>From the Washington Beltway I-495/95: (Travel time approx. 1/2 hour.) Take exit #11, Route 4 East. Follow Route 4 to Upper Marlboro. Exit on Route 301 south for approximately 4 miles. The park entrance is on the right.</p>
TIME	<p>Registration: 6:30a.m. - 7:30a.m. Race Starts: 8:00a.m. Race Ends: 4:00p.m. (8 hour time limit)</p> <p>Cut-offs: On Lap 3, departure from Aid Station #1 by 1:00p.m. On Lap 3, departure from Aid Station #2 by 2:30p.m.</p>
PRE-REGISTRATION	<p>Annapolis Strider members \$25.00 Non-members \$30.00 Mail-in: Post mark NLT November 4, 2020</p>
RACE DAY ENTRY FEE	<p>All runners \$40.00</p>
AWARDS	<p>Overall Male/Female, Masters, Military, 10-year AGs; Hats & Medals for all finishers</p>
DISTANCE	<p>50K</p>
COURSE	<p>The course is basically three loops around the 9.5-mile perimeter trail. The perimeter trail has two aid stations about 4 1/2 miles apart, with a porta-pot at each aid station. There will be a bag drop at the first aid station. We will transport bags from the Start to the bag drop site when the race begins and return them to the pavillion after the race--or you can pick up your bag as you leave the park.</p> <p>The course is mostly in deep woods, though there is some running in meadow also. The trail is largely single track, but not very technical. The Start (also the Finish) is at the Pavilion picnic area about three quarters of a mile from where the runners enter the single-track perimeter trail.</p>
WARNING!!	<p>No headphones or pets allowed on the race course. If you wear headphones, you will be disqualified.</p>
FOR MORE INFORMATION	<p>Contact Tom DeKornfeld (410-562-4489) and Dave Phipps at rosaryville50k@annapolisstriders.org or see: http://annapolisstriders.org</p>
TO VOLUNTEER	<p>Contact Tom DeKornfeld (see above). Volunteer validation available.</p>

Entry Form and Waiver

Rosaryville Veteran's Day 50K - COMPLETE ALL INFO. PLEASE PRINT. Mail by November 4, 2020. Make checks payable to Annapolis Striders, Inc. No cash by mail. Send with form to Tom DeKornfeld, 307 Dewey Drive, Annapolis, MD, 21401.

LAST NAME _____ FIRST NAME _____ MI _____

TELEPHONE _____ MILITARY (active duty or prior service) [] Y [] N

STREET _____ Email: _____

CITY, STATE _____ ZIP _____

DATE OF BIRTH [] GENDER [] M [] F ANnapolis STRIDER? [] Y [] N

WAIVER AND RELEASE: I know that running the Rosaryville Veteran's Day 50K is a potentially hazardous activity. I understand that I should not participate unless medically able. I assume responsibility for all risks associated with this race, including but not limited to falls, contact with participants, the effects of weather, including high heat and/or humidity, the condition of the course and/or road, and traffic on the course, these risks being known and appreciated by me. Having read this Waiver and Release, knowing these facts, and in consideration of my being accepted into this race, I, for myself and anyone entitled to act on my behalf, waive and release the Annapolis Striders, the Road Runners Club of America, all sponsor and hosts, and their representatives and successors from all claims or liabilities of any kind arising from my involvement in this race. I further understand that the race may be cancelled as a result of severe or exceptionally wet weather or other events outside the control of the Annapolis Striders. Refunds or transfers are not permitted. Deferrals for good reason will be considered on a case-by-case basis.

SIGNATURE OF ENTRANT _____ DATE _____

SIGNATURE OF PARENT IF ENTRANT UNDER AGE 18 _____ DATE _____

Emergency Contact Information

NAME: _____

Relationship to runner: _____

Telephone Number: _____