



Stoudts

DISTANCE CLASSIC 12k

16th Anniversary

Stoudts Distance Classic 12k

Saturday, October 24, 2020; 10:00 AM

2800 N. Reading Road, Adamstown, PA 19501

Less than 50 miles from downtown Harrisburg, Allentown, York, and Conshohocken

Challenging, varied, and picturesque running experience.

All finishers will receive a Stoudts Distance Classic Race Buff, a fresh baked loaf of bread from the Wonderful Good Market, and a beer coupon.

COURSE:

The course runs counterclockwise, beginning and ending near the clock tower. The first mile is a gentle downhill that takes you into and through the quiet borough of Adamstown, home to Good's Potato Chips and Bollman Hat Company. The following 2 miles slowly climbs North and West into the wooded countryside. At mile 3 a long, fairly gradual uphill begins, which flattens out between miles 4.5 & 5. Just after mile 5 the runners will experience a winding down hill descent. Please be careful, there is a sharp right turn at the bottom. The remainder of the course is fairly flat with a short, but very inconvenient hill just before mile 7. The last quarter mile is downhill so save something for the sprint to the finish. There will be two aid stations, one at mile 3 and one just before mile 5. Local police and fire police and Lancaster Road Runners Club members provide traffic control and course guidance.

AWARDS:

1st Overall Male & Female receive \$100

Male and female age group winners receive a mix of 6 beers. Age groups: 21-29, 30-39, 40-49, 50-59, 60-69, 70-99

**+ \$200 cash
award if course
record is broken**
Male record: 39:01
Female record: 45:35

REGISTRATION:

\$40.00 if postmarked on or before 9/30/2020,

\$45.00 after 10/1/2020 and on race day

Online at <https://runsignup.com/Race/PA/Adamstown/StoudtsDistanceClassic>

By mail: Make check payable to: LRRC, PO Box, 7172, Lancaster, PA 17604

No Refunds. Race will go on rain or shine. Must be 21 or older.

RACE DAY:

Registration: 8:45 AM - 9:45 AM Next to the entrance to the Beer Hall.

Baby-jogging strollers, pets, or headphones will not be permitted in the race.

Start of the race: 10:00 AM Awards and After Party in Stoudts Beer Hall

CONTACT INFORMATION: Jason Logue, Race Director

jlogue@lrrclub.org | (717) 598-2725 | www.lrrclub.org

ENTRY FORM and WAIVER – Stoudts Distance Classic 12K – October 24, 2020

I hereby request permission to participate in the Stoudts Distance Classic 12K In the consideration or the acceptance of my entry in this race, I, the undersigned, on behalf of myself, my heirs, executors, administrators, and assigns, do hereby release Stoudts, Borough of Adamstown, all other land owners, Lancaster Road Runners Club, any other sponsors, volunteers, medical, radio, and supportive staff, race organizers and their representatives, agents, employees, and assigns of all the foregoing from any and all claim for damages, demands, and causes of action arising from or out of my participation in the Stoudts Distance Classic 12K.

I do attest and verify that I am physically fit, have sufficiently trained for the completion of this event and that I am aware of the dangers of road running including sprained ankles, cuts, bruises, broken bones, animal or insect bites, motor vehicle dangers. My actions and mishaps are accountable to no one but myself. By signing my name below, I certify that I have read, understand, and agree with the terms and conditions of this release and do intend to be legally bound thereby. I have also read the entire first page attached to this release and realize the dangers described. I hereby give my permission to race officials to use my name and / or picture or videos in any way that they see fit without limitation, and without any obligation by anyone to compensate me further. I acknowledge that my entry fee is not refundable, even if the race is canceled by an act of nature or man. All the foregoing has been read by the undersigned and has voluntarily been signed. No runners under 21 years of age.

Please print NEATLY. (All lines MUST be filled in)

☐

I have read and understand the entire race application and waiver. (Check box)

Name _____

Address _____

Phone (____) _____ **Sex** _____

Age on Race Day _____ **Date of Birth** _____

month / day / year

Emergency Contact Name _____

Emergency Contact Phone Number (____) _____ - _____

Printed Name of Participant _____

Signature of Participant _____ **Date** _____

E-mail - _____

(Please print legibly)

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Distance Classic