



9th ANNUAL

# HAUNTED HALF MARATHON

## Final leg of the Run the Cumberland Medal Series

### OCTOBER 21, 2017 • 7:00 AM

### TENNESSEE TECH UNIVERSITY – Start & Finish

**REGISTRATION:**  
 NOW – AUGUST 1st: \$55  
 AUGUST 2nd – OCTOBER 18th: \$60  
 OCT 19th – RACE MORNING: \$65  
 Register by September 15th to be guaranteed a race shirt!

Relay teams: Teams of 3 members  
 NOW - OCT 12th: \$135 (\$45 per team member)  
 OCT 13th – RACE MORNING: \$150 (\$50 per team member)  
 Pre-registered runners get a medal and a race shirt.

*LIMITED REGISTRATION!*

Register early as the race is limited to 750 runners and 50 relay teams.

#### AWARDS:

**Overall:** Male and Female

**1st Place \$150 • 2nd Place \$75 • 3rd Place \$50**

**Age group awards: 19 and under, every 5 years until 70 and above. Masters M/F age 45 and Over Award**

**1st Place Relay Team • Best Costume Award: Male, Female and Relay Team**

**Pre-registered runners get a medal and a race shirt!**

**(Same day registrants will get a t-shirt on a first come/first served basis!)**

**MAIL registration form to:**

WCTE - Attn: Haunted Half

PO Box 2040, Cookeville, TN 38502

**DROP-OFF registration form to:**

WCTE - Attn: Haunted Half

229 E. Broad St, Cookeville, TN 38501

**ONLINE registration at:**

[www.runhauntedhalf.com](http://www.runhauntedhalf.com)

For More Race Details

#### SPECIAL NOTE:

All participants **MUST** finish within 3.5 hours of race start time or will be excluded from the Haunted Half Marathon.

Must be at least 14 years old to participate.

Registration fees are non-refundable. They are non-transferable after 10/14/17. Packet pick up: Friday evening 4:30 - 7:30 pm and race morning outside the TTU University Center (inside if raining).

Packet and T-Shirt must be picked up during scheduled pickup days and times. Unclaimed packets, shirts or awards will not be mailed.

Name: \_\_\_\_\_ Age on Race Day: \_\_\_\_\_

Address: \_\_\_\_\_ Team Name: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Male     Female     Small     Medium     Large     X Large     2X

**WAIVER OF LIABILITY. READ CAREFULLY BEFORE SIGNING.** I, the undersigned, intending to be legally bound, hereby, for myself, my family, my successors, assignees, heirs, executors and administrators, forever waive, release and discharge any and all rights, claims for damage, causes of action whether in law, equity or otherwise, known or unknown, that I or any of them may have against the Haunted Half Marathon - (the "Event"), WCTE, its officers, directors, employees, and volunteers, TN Race Timing, the City of Cookeville, all sponsors of the Event and their officers, directors, employees, volunteers, independent contractors, agents and representatives, successors and assigns, for any and all injuries, illness or other harm suffered by me in or as a result of the Event. I understand that there will be no refunds if Event cannot be staged or is cancelled for any reason. WCTE reserves the right to cancel the event and shall not be liable for any actual or consequential damages. I attest that I am physically fit and have sufficiently trained for the completion of the Event and that my physical condition has been certified by a licensed medical provider. I am aware of the dangers and precautions that must be taken when running in warm or cold conditions and on uneven surfaces. I will abide by the decision of any race official. I also agree to abide by any decision of an appointed race official or medical official relative to my ability to safely continue or complete the Event. I further assume and will pay my own medical and emergency expenses in case of an accident, illness or incapacity regardless of whether I have authorized such expenses. I hereby grant permission to WCTE to use any photographs, videotapes, motion pictures, recording or any other record of this event for legitimate purpose including commercial advertising. I have read this waiver carefully and I understand it. **IF ATHLETE IS UNDER AGE 18:** The signature certifies that my son/daughter has my permission to participate in the Haunted Half Marathon. The signature has read the foregoing **RELEASE AND WAIVER OF LIABILITY AGREEMENT** (above) and by signing intentionally and voluntarily agrees to its terms and conditions. The signature further certifies that my son/daughter in good physical condition and is able to safely participate in the Event. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary.

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

Is this your first Half Marathon?  Yes  No    How many Half Marathons have you run? \_\_\_\_\_

