



WCTE 10th ANNUAL



HAUNTED HALF MARATHON

*OFFICIAL FINAL LEG OF THE RUN THE CUMBERLAND MEDAL SERIES!!!!

SATURDAY, OCTOBER 20, 2018 • 7:00AM

START & FINISH AT TENNESSEE TECH UNIVERSITY

REGISTRATION: APRIL 1 – AUGUST 1st: \$55 AUGUST 2nd – OCTOBER 17th: \$60 OCT 18th – RACE MORNING: \$70	Relay teams: <i>Must have Teams of 3 members</i> NOW - OCT 17th: \$135 (\$45 per team member) OCT 18th – RACE MORNING: \$150 (\$50 per team member)
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Online registration closes October 17th
Register by October 1st to be guaranteed a race shirt!

**FOR RACE INFO: WWW.WCTE.ORG
OR WWW.RUNHAUNTEDHALF.COM**

SPECIAL NOTE:
Must be at least 14 years old to participate. Registration fees are non-refundable. They are non-transferable after 10/12/18.
Packet Pickup at Express Footwear
Friday Evening 4:30-7:30pm

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

ONLINE registration at:
www.wcte.org

Name: _____ Age: _____ DOB: ____/____/____ Male Female

Address: _____ City: _____ ST: _____ Zip: _____

Email: _____ Individual Runner: Relay Team: Relay Team Name: _____

Shirt Size: SMALL MEDIUM LARGE XLARGE 2XL

Add on WCTE's Blues and Brews Craft Beer Festival Tickets for a discounted price!!!

Cool off after the race with a cold brew. Join us at 12pm, October 20th, to enjoy a day of more than 60 craft beers on tap. Also enjoy LIVE music, our Homebrewers Corner with demonstrations and yummy food to purchase from local eateries! VIP tickets include 11AM entry, food. Check the box for your discounted ticket(s), how many tickets and add payment to your race registration.

Runners ONLY to get discounted tickets 21 and up, ID REQUIRED at gate www.wcte.org/bluesandbrews

GENERAL ADMISSION \$30 _____ # of tickets VIP TICKET (limited availability) \$65 _____ # of tickets

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: _____



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