

# WCTE-PBS 11th ANNUAL

# HAUNTED HALF MARATHON

## SATURDAY, OCTOBER 19, 2019 • 7:00AM

START & FINISH AT TENNESSEE TECH UNIVERSITY

**\*\*\* ALL runners receive long-sleeved race shirt and race medal\*\*\***

### REGISTRATION:

APRIL 1 – Oct. 16: \$65

OCT 18th – RACE MORNING: \$75

Online registration closes October 16th

Register by September 19 to be guaranteed a race shirt!

### SPECIAL NOTE:

Must be at least 12 years old on race day  
Registration fees are non-refundable.

Packet Pickup at Express Footwear  
Friday Oct. 18<sup>th</sup> Evening  
4:30-7:30pm

Relay teams: *Must have* Teams of 3 members  
NOW - OCT 16th: \$165 (\$55 per team member)  
OCT 18th – RACE MORNING: \$180 (\$60 per team member)

**FOR RACE INFO: [WWW.WCTE.ORG](http://WWW.WCTE.ORG)  
OR [WWW.RUNHAUNTEDHALF.COM](http://WWW.RUNHAUNTEDHALF.COM)**

### 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](http://www.wcte.org)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Individual Runner:  Relay Team:  Relay Team Name: \_\_\_\_\_

### 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 19th, to enjoy a day of more than 60 craft beers on tap. Also enjoy LIVE music, our Homebrewers Corner with demonstrations! VIP tickets available for an additional ticket price includes 11AM entry, and 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](http://www.wcte.org/bluesandbrews)**

GENERAL ADMISSION \$35 \_\_\_\_\_ # 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, Scenic City Multisport, 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: \_\_\_\_\_