

2026 HAUNTED HALF MARATHON

Register Online & Race Information

☐ **INDIVIDUAL RUNNER** (\$50 UNTIL APRIL 30, \$55 MAY 1 - JULY 31, \$65 AUGUST 1- OCTOBER 29, \$70 OCTOBER 30 & 31)

* PARTICIPANTS ON A RELAY TEAM THAT PLAN ON RUNNING THE ENTIRE 13.1, SHOULD ENTER AS AN INDIVIDUAL & RUN THE FIRST LEG OF THE RELAY TEAM

☐ **2-4 PERSON RELAY TEAM** (PRICES PER MEMBER: (\$40 UNTIL APRIL 30, \$45 MAY 1 - JULY 31, \$50 AUGUST 1- OCTOBER 29, \$55 OCTOBER 30 & 31)

TEAM NAME: _____

CATEGORY: ☐ **COED** ☐ **MALE** ☐ **FEMALE**

☐ **VIRTUAL RUNNER** (\$30 UNTIL APRIL 30, \$35 MAY 1- OCTOBER 29, \$40 OCT. 30-31)

☐ **MONSTER MILE** (\$10 UNTIL APRIL 30, \$20 MAY 1- OCT. 29, \$25 OCT. 30-31)

ADULT SIZES (CIRCLE ONE): S M L XL XXL XXXL

NAME: _____

PHONE: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

EMAIL: _____

DATE OF BIRTH: ____/____/____ **AGE ON RACE DAY:** _____ **SEX:** ☐ **M** ☐ **F**

RACE DAY EMERGENCY CONTACT (NAME & PHONE): _____

CHECKS PAYABLE TO: HAUNTED HALF MARATHON

MAIL THIS FORM TO: HAUNTED HALF MARATHON

3101 BROWNS MILL ROAD, SUITE 6-182

JOHNSON CITY, TN 37604

IN CONSIDERATION OF ACCEPTING THIS ENTRY, I, THE UNDERSIGNED, INTENDING TO BE LEGALLY BOUND, HEREBY FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE AND RELEASE ANY AND ALL CLAIMS FOR PERSONAL INJURY OR PROPERTY DAMAGE, OF WHATEVER FORM AND NATURE, I MAY HAVE AGAINST THE CITY OF JOHNSON CITY, THE GOOSE CHASE, ITS AFFILIATES AND/OR SUBSIDIARIES, CO-SPONSORING ORGANIZATIONS, AND ALL OTHER PERSONS, ACTING ON BEHALF OF THE FOREGOING ORGANIZATIONS, STEMMING FROM OR ARISING AS A RESULT OF MY PARTICIPATION IN ANY OF THE EVENTS OF THE BLUEGRASS HALF MARATHON AND RELAY. I ATTEST AND VERIFY THAT I AM PHYSICALLY FIT AND SUFFICIENTLY TRAINED TO PARTICIPATE IN ANY OF THE EVENTS THAT I ENTER. I ALSO GIVE MY PERMISSION FOR THE FREE USE OF MY NAME AND PICTURE IN ANY NEWSPAPER WRITE UP, "BROADCAST", "TELECAST", OR OTHER WRITTEN ACCOUNT OF THIS EVENT.

SIGNATURE & DATE: _____