2016 APPLICATION FORM ~ Double Pump 5K

*OFFICIAL FIRST RACE OF THE RUN THE CUMBERLAND'S MEDAL SERIES!!!!

Celebrating Families, Fitness & Fun!

Saturday, May 7, 2016

Run ONE **5K** race or TWO in the SAME day for a **10K**!

5K Road Race & 5K Trail Run – DOUBLE PUMP option!

Pre-Registration deadline **April 29th 2016**

☐ **Check for 5K Road Race** **Details & Locations:** ☐ **Check for 5K Trail Race**

5K - Downtown Cookeville	5K Trail Run
Saturday May 7, 2016 @ 7:00 AM	Saturday May 7, 2016 @ 10:00 AM
Pre-Registration Fee $30.00 (includes chip timing) deadline 4/29/16 Late & Same-day Registration Fee $40.00 (includes chip timing)	Pre-Registration Fee $30.00 (includes chip timing) deadline 4/29/16 Late & Same-day Registration Fee $40.00 (includes chip timing)
IF YOU RUN BOTH RACES, Pre-Registration Fee $50.00 (includes chip timing) deadline 4/29/16 Late & Same-day Registration Fee $60.00 (includes chip timing)	
TEAM OPTION: (four person team minimum) $100 total for initial FOUR team members ($25 per person) for ONE race, specify road or trail. $175 total for initial FOUR team members ($43.75 per person) for BOTH races. , pricing deadline 4/29. ADDITIONAL Team members (5+) for ONE race, specify road or trail, is $25 entry fee. ADDITIONAL Team members (5+) for BOTH races is $43.75 per person. Late & Same-day Reg $140 per race or $215 for BOTH	
Dogwood Park Performance Pavilion 45 N Walnut Ave	Cookeville High School Cross Country Facility
Strollers, Walkers & Families welcome!	All ages welcome!
Packet Pick-up & Day of Registration begins 6:00 AM	Packet Pick-up & Day of Registration begins 9:00 AM
Registration closes at 6:30 AM	Registration closes at 9:30 AM
KIDS 10 AND UNDER $10!	KIDS 10 AND UNDER $10!

Early Packet Pick-up & Late Registration

Friday, May 6th 2016 4:00-6:00 pm– Outdoor Experience: 124 E. Broad Street, Cookeville

Awards:

Overall: Male & Female

Top 3 Age Divisions

Awards for TEAMS & Random drawings at both races

Special Finishers Medal for participants who complete BOTH 5K races

Register Online at http://www.wcte.org/5k or complete & mail Entry Form To: (checks payable to WCTE)

WCTE Run For Your Mama 5K

PO Box 2040 Cookeville, TN 38502

To guarantee a race t-shirt you must register BEFORE April 29th, 2016!

Name: _____ **Age**: _____ ☐ **Male** ☐ **Female** **Phone #**: (_____) _____ -_____

Address: _____**City:**_____**ST**:_____**Zip**:_____ **Email Address**: _____

T-shirt Size (Circle One): XS / Small / Medium / Large / XL / XXL / Youth XS / Youth Small / Youth Med / Youth Large

Are you a Mama (circle)? Yes

Are you interested in learning about WCTE? Yes ☐ No ☐ **Are you Running with a Team?** Yes ☐ **Team Name**: _____

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 WCTE Run For Your Mama 5K Double Pump – (the 'Event'), WCTE, the City of Cookeville, all sponsors of the Event and their 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 doctor. I am aware of the dangers and precautions that must be taken when running 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 purposes including commercial advertising. I have read this waiver carefully and understand it. IF ATHLETE IS UNDER AGE 18: The signature certifies that my son/daughter has my permission to participate in the WCTE Run For Your Mama 5K Double Pump. 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 is 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: _____