



SATURDAY, OCTOBER 21, 2017

Health & Fitness Expo: Friday, October 20

GoCommandoHalfMarathon.com

RACE DAY

Saturday, October 21, 2017

Half Marathon begins at 7:30 am

5K begins at 8:00 am

Fun Run begins at 10:30 am

Event Details

- Finisher medals & apparel item to all participants
- Cash Prizes to the Top 3 Male & Female Overall Finishers in the Half Marathon and 5k
- Awards to the Top 3 Finishers in each age group
- Bag Check available on race day. Bags may not be left unattended at the starting line

REGISTRATION

Register online at GoCommandohalfmarathon.com or fill out the registration below and return it with CASH or CHECK to:

Clarksville Rotary Club

PO Box 572

Clarksville, TN 37041

*Please make checks payable to
Rotary Club of Clarksville*

COURSE

Half Marathon – This year will be better than ever with a flatter, yet still challenging more rural half-marathon route just outside the city limits of Clarksville.

5K – Enjoy a scenic, family-friendly 5K Run or Walk on a lightly traveled two lane county road.

Kids Fun Run – This race is intended for those 10-years and younger who want to participate with their parents and siblings.

PACKET PICK-UP AND HEALTH & FITNESS EXPO

Friday, October 20, 2017

The Health & Fitness Expo will be held at the Old Glory Distilling Co. at 451 Alfred Thun Drive.

Packet pick-up will be available 11:00 am - 7:00 pm. The Health & Fitness Expo will be open from 11:00 am - 7:00 pm.

Packet pick up will be available Saturday, October 21 from 6:00 AM – 7:00 AM at Old Glory Distilling Co.

FOR MORE INFORMATION CONTACT

Cheryl Moss at gommmandohalfmarathon@gmail.com

2017 CLARKSVILLE GO COMMANDO HALF MARATHON and 5K ENTRY FORM

You may register online at gocommandohalfmarathon.com or return this form to: Clarksville Rotary Club | PO Box 572 | Clarksville, TN 37041

Mail in registrations must be received by October 16, 2016.

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL (REQUIRED) _____ TELEPHONE _____ - _____ - _____

DATE of BIRTH (MM/DD/YYYY) ____/____/____

AGE ON RACE DAY _____

MALE _____ FEMALE _____

RACE:	Mar	Apr-Jun	Jul-Aug	Sep	Oct 1-20
Half Marathon	\$50	\$55	\$60	\$65	\$70
5K	\$25	\$30	\$35	\$40	\$45

RACE SHIRT: Please circle

Unisex XS S M L XL XXL

Shirts only will be guaranteed if you register by August 1, 2017

Additional shirts Additional shirts may be available at the expo in limited quantities.

KIDS FUN RUN: REGISTRATION T-shirt (optional)

10-years & under \$5/child \$10

S M L

Number of kids participating with parent: _____

Number of kid shirts requested: Small _____

Med _____

Large _____

Parents/guardians can run with kids for free.

Coupon Code: _____

Eagle Challenge Fitness Tour Participant? : Yes or No

MUST SIGN BACK OF FORM TO VALIDATE REGISTRATION

PARKING

Limited parking is available at Old Glory Distilling Co. located at 45 Alfred Thun Road | Clarksville, TN

Check www.GoCommandohalfmarathon.com for updates on parking.

COURSE MAPS

Maps for the half marathon and 5K are available online at www.GoCommandohalfmarathon.com.

AID STATIONS AND RESTROOMS

Aid Stations (water and Powerade) will be available along the 5K, and half marathon routes. Aid station locations are indicated on the course maps. Port-a-pots are positioned at the start and finish line and throughout the half marathon route indicated on the course map. Restroom facilities are at Old Glory Distilling Co.

THIS WAIVER MUST BE SIGNED TO VALIDATE REGISTRATION

WAIVER AND RELEASE STATEMENT:

In consideration of accepting this entry, I RELEASE- for myself and my heirs, executors, administrators, legal representatives, assigns and successors in interest, and for my child (if parent or guardian signing on behalf of a participant under the age of 18, referred to as "my child") - the Go Commando Half Marathon & 5K, the City of Clarksville, Montgomery County, Best Times and all other promoters, sponsors, organizers and volunteers of this event, and the officers, directors, shareholders and/or members, agents and employees of each, as well as all medical, law enforcement and other personnel assisting with this event, the owners of property through which the event course traverses, and their representatives, successors and assigns (collectively "Released Parties") from any and all rights, claims or liability for damage for any and all injuries to me, my child or my property arising out of or in connection with my participation in this event, including acts of God. I further agree that I WILL DEFEND, INDEMNIFY AND HOLD HARMLESS the Released Parties against all claims, demands and causes of action, including court costs and reasonable attorneys' fees, directly or indirectly arising from any action or other proceeding brought by or prosecuted contrary to this Agreement for the benefit of me or my child. This Agreement extends to all claims of every kind and nature whatsoever, whether known or unknown. I FULLY ASSUME THE RISKS ASSOCIATED WITH MY AND/OR MY CHILD'S PARTICIPATION IN THIS EVENT, including but not limited to: the dangers of falls and collisions with pedestrians, vehicles and fixed or moving objects the dangers of road conditions, surface hazards, weather conditions, and inadequate clothing; encounters with wild or domesticated animals; the possibility of serious physical and/or mental trauma or injury or death associated with an athletic trail run; and dangers caused by others' negligence. I certify that I am and/or my child is physically and mentally fit to participate in this event. I understand that entry fees are necessary to meet the cost of preparation, months in advance of the run, and that if the run is canceled because of weather conditions, fire, drought, acts of God, or other circumstances beyond the control of run management, the entry fee will not be refunded. PARENT OR GUARDIAN MUST SIGN FOR MINOR. Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, video graphics or electronic recording of this event for legitimate purposes.

Signature of Participant: _____ Date: _____

Printed Name of Participant: _____

If Participant is younger than 18 years: Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian: _____