



Run For Your Buns

Franklin Woods Hospital, Johnson City, TN
Saturday, March 3, 2018 @ 9 AM

Check event(s):

5k Individual Runner (\$20 until 1/15/18, \$25 1/16/18 through 3/3/18)

Health Fair (FREE)

Name: _____ Phone: _____

Address: _____

City: _____ State _____ Zip _____

E-mail: _____

Date of Birth: ___/___/___ Age on Race Day: _____ Sex: M F

Race Day Emergency Contact

(Name & Phone) _____

Are you a current employee of MSHA? _____

Guaranteed Tshirt & Size is February 19, 2018

Tshirt Size: Youth Sizes YS YM YL Adult Sizes S M L XL XXL

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, property damage or death, of whatever form and nature, I may have against Franklin Woods Hospital, Mountain States Foundation, The Goose Chase, We Run Events, City of Johnson City, 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 Run For Your Buns 5k. 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: _____

Checks Payable to: **Mountain States Foundation**

Mail this form to: **The Goose Chase**

Attn: Run For Your Buns
3101 Browns Mill Road, Ste. 6-182
Johnson City, TN 37604



Register Online & Race Information
<http://www.RunForYourBuns.com>