

Niswonger Children's Hospital Scarecrow Skedaddle

Founders Park

Sunday, October 21 @ 2:00 p.m.

\$10 Participant Fee

****Opening activities begin at 1:30 p.m.**

Check event(s):

- Modified Race Participant (Start time 1:45 p.m.)
 5k Participant (Start time 2:00 p.m.)
 1-Mile Fun Run Participant (Start time 2:10 p.m.)
 Scarecrow Skedaddle Shindig - FREE (2:00 p.m - 4:00 p.m.)

Name: _____ Phone: _____

Address: _____

City: _____ State _____ Zip _____

E-mail: _____

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

Emergency Contact (Name & Phone) _____

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

Checks Payable to: *Ballad Health Foundation*

Mail this form to: Scarecrow Skedaddle
3101 Browns Mill Road, Ste. 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 Ballad Health, 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 Niswonger Children's Hospital Scarecrow Skedaddle race or Shindig. 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 of parent/guardian required if participant is under age 18.*

Participant/Guardian Signature & Date: _____

Register Online & Race Information

www.ScarecrowSkedaddle.com