Niswonger Children's Hospital Scarecrow Skedaddle

Founders Park - Sunday, October 24

Opening activities begin at 1:30 p.m. Check event(s): **Please fill out one form per person and choose which race option the runner will be participating in The state of the participating in the runner will be runner will be participating in the runner will be runner w			
ramer viii oc participating iii	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:		
	Sta	te	_ Zip
	School:		
Date of Birth:/ Age on Race/Activity Day: Sex: M F			
Emergency Contact (Name & Phone)			
	YS YM YL YXL S M L XL XXL		s: Ballad Health Foundation Scarecrow Skedaddle
o consideration of accepting this entry, I, the undersigned, intending to be legally bound, hereby for myself, by heirs, executors and administrators, waive and release any and all claims for personal injury or property			
nd/or subsidiaries, co-sponsoring o s a result of my participation in any hysically fit and sufficiently trained	re, I may have against the Ballad Health, City of Johr rganizations, and all other persons, acting on behalf of the events of the Niswonger Children's Hospital So to participate in any of the events that I enter. I also lecast, or other written account of this event. *Signat	of the foregoing organ carecrow Skedaddle rac give my permission for t	izations, stemming from or arising e or Shindig. I attest and verify that I am the free use of my name and picture in any

Register Online & Race Information www.ScarecrowSkedaddle.com