

Niswonger Children's Hospital Scarecrow Skedaddle

Mountain States Health Alliance Athletic Center at ETSU

Saturday, October 21 @ 9:30 a.m.

\$10 Participant Fee **Opening activities begin at 9:30 a.m.

Check event: ☐ Modified Race Participant (Start time 9:45 a.m.)
☐ 5k Participant (Start time 10:00 a.m.)
☐ 1-Mile Fun Run Participant (Start time 10:10 a.m.)
☐ Family Activity Day - FREE (10:00 a.m - 12:00 p.m.)

Name: _____ Phone: _____

Address: _____

City: _____ State _____ Zip _____

E-mail: _____

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

Race Day Emergency Contact (Name & Phone) _____

Shirt Size: Youth Sizes ☐ YS ☐ YM ☐ YL ☐ YXL

Adult Sizes ☐ S ☐ M ☐ L ☐ XL ☐ XXL

Checks Payable to: Mountain States 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 Mountain State Health Alliance, 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. 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: _____



Register Online & Race Information
www.TheGooseChase.org/scarecrow-skedaddle

