Minnesota Law Enforcement Torch Run
Runner/Rider Registration Form & Waiver

TO PARTICIPATE IN THE LAW ENFORCEMENT TORCH RUN FOR SPECIAL OLYMPICS MINNESOTA, Please complete and sign this form. Your coordinator will contact you with dates and times you are to run/ride. Those who don't have a coordinator can contact Molly Swanson at molly.swanson@somn.org or 612-604-1284 for Final Leg details.

*****PLEASE PRINT OR TYPE*****

LAST NAME _____ FIRST NAME _____

LAW ENFORCEMENT AGENCY _____

T-SHIRT SIZE (pick one): S M L XL XXL XXXL

❒ HOME ADDRESS OR ❒AGENCY ADDRESS

ADDRESS _____

CITY _____ STATE _____ ZIP _____

WORK PHONE (____) _____ HOME PHONE (____) _____ E-MAIL _____

CHECK ONE: ☐ RUNNER ☐ RIDER ☐ ROLLERBLADER ☐ WHEELER

$15 RUNNER/RIDER REGISTRATION FEE AND PARTICIPANT RECEIVES TORCH RUN T-SHIRT

(Bikers require helmet)

All donations are tax deductible. Please make checks payable to Special Olympics Minnesota/Torch Run

CHECK ONE OR BOTH:

Dates of this run/ride: _____

Location of this run/ride: _____

ALL RUNNERS MUST READ AND COMPLETE THE FOLLOWING WAIVER:

In consideration of participating in the Law Enforcement Torch Run for Special Olympics, I represent that I understand the nature of the event and that I and/or my minor child am qualified, in good health, and in proper physical condition to participate in such event. I further agree that if, at any time, I find conditions to be unsafe, I will immediately discontinue further participation in the activity.

I fully understand that the event involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those or others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the event.

I hereby release, discharge, and covenant not to sue Special Olympics Minnesota, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the activity takes place, (each considered one the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account and/or that of my minor child caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my and/or my minor child's behalf, makes a claim against any of the "releasees", I will indemnify, save, and hold harmless each of the "releasees" from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I grant Special Olympics permission to use my likeness, voice, and words in television, radio, film or in any other form to promote activities of Special Olympics.

I HAVE READ THE ABOVE RELEASE AND HOLD HARMLESS AGREEMENT, AND FULLY UNDERSTAND IT.

_____ _____ _____

SIGNATURE DATE PRINT NAME

Law Enforcement Torch Run for Special Olympics Minnesota
100 Washington Avenue South, Suite 550, Minneapolis, MN 55401
Tel 612.604.128 **Fax** 612.333.8782 **Email** molly.swanson@somn.org
www.somn.org

Please Return to:
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molly.swanson@somn.org
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Minneapolis MN 55401
Fax: 612.333.8782