

**LAW ENFORCEMENT TORCH RUN FOR SPECIAL OLYMPICS ILLINOIS
RUNNER/VOLUNTEER REGISTRATION FORM**

To participate in the Law Enforcement Torch Run for Special Olympics Illinois, please complete and sign this form. Upon receipt, you will be assigned to a Leg Leader from your area or the run closest to you, unless you designate a Leg you would prefer to participate in.

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

LAST NAME: _____ FIRST: _____

LAW ENFORCEMENT AGENCY: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

T-SHIRT SIZE (Circle one): S M L XL 2XL 3XL WORK PHONE: _____ HOME PHONE: _____

RUNNER OR VOLUNTEER (Circle One) IF RUNNER-NUMBER OF MILES YOU WANT TO RUN: _____ LEG #: _____

DATES OF RUN: _____ ARE YOU AVAILABLE FOR THE ENTIRE RUN? YES ___ NO ___

Participation in the Law Enforcement Torch Run requires your signature on the bottom of this form.

I agree to actively promote the mission and goals of the Illinois Law Enforcement Torch Run; including raising funds and awareness for Special Olympics Illinois, selling 2018 LETR merchandise, and recruiting department personnel to participate in the run.

SIGNATURE: _____ DATE: _____ PRINT NAME: _____

RETURN TO: _____ LEG OR AGENCY: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

SPECIAL OLYMPICS ILLINOIS

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY, AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")

In consideration of participating in the **Law Enforcement Torch Run for Special Olympics Illinois ("Activity")**, I represent that I understand the nature of the Law Enforcement Torch Run event and that I and/or my minor child am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I and/or my minor child believe event conditions are unsafe, I and/or my minor child will immediately discontinue participation in the Activity.

I fully understand that the **Law Enforcement Torch Run for Special Olympics Illinois** event involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of 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 and/or my minor child incur as a result of my and/or my minor child's participation in the Activity.

I hereby release, discharge, and covenant not to sue **Special Olympics Inc., Special Olympics Illinois**, its 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 of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account 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 have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND PARENTAL CONSENT AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed name of participant

Signature of Participant (only if age 18 or over)

Date: _____

Signature of Parent/Legal Guardian
(if participant under age 18)