

Oregon Law Enforcement Torch Run Runner Registration Form

To participate in the Oregon Law Enforcement Torch Run for Special Olympics, please complete and sign this form. Team leaders will contact you with dates and times you are to run.

Return to:

LETR, 5901 SW Macadam Ave., Suite 200, Portland, OR 97239

Name _____

Law Enforcement Agency _____

Address _____

City/State/Zip _____

Phone Number _____

Email _____

Leg Coordinator _____

WAIVER: ALL RUNNERS MUST READ THE FOLLOWING:

I hereby release and hold harmless the sponsor, its officers and employees, and Special Olympics, Inc. its officers and employees and all affiliated organizers of this event from any claim for damages of any nature whatsoever, whether or not apparent, resulting from, or arising out of, any claimed injury to myself resulting if any claim for damages that I, my administrators, my heirs or other representatives may have.

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

I further agree to do my best to facilitate the raising of \$50 in my name for my participating in the Law Enforcement Torch Run for Special Olympics.

Signature _____

Date _____

Printed Name _____