



2018 Law Enforcement Torch Run Campaign
Special Olympics Washington (SOWA)

RUNNER REGISTRATION FORM

Lewis County Run: May 31, 2018

Registration Steps:

1. Fill out form (front & back) and return with \$25 registration fee by May 20th.
(Late registrations will increase to \$30)
2. Send this form along with payment to Centralia Police Dept., PO Box 609, Centralia, WA 98531; Attn: Officer Ramirez
3. Questions? Call 360-330-7680 (Ask for Ofc. Ramirez or CSO's Stockdale, Engle or Krueger)

PLEASE PRINT, COMPLETE ALL INFORMATION, AND SIGN

- | | |
|---|---|
| <input type="checkbox"/> Runner/Law Enforcement personnel | <input type="checkbox"/> SOWA Supporter only (non-runner) |
| <input type="checkbox"/> Runner/SOWA Athlete | <input type="checkbox"/> Centralia Walker/SOWA Athlete |
| <input type="checkbox"/> Runner/SOWA Supporter | <input type="checkbox"/> Centralia Walker/SOWA Supporter |

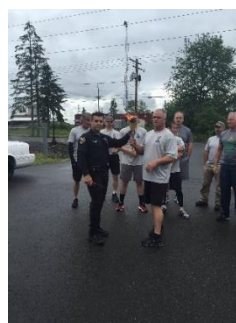
Last Name: _____ First Name: _____
 Agency: _____
 Address: _____ City/State/Zip: _____
 Day Phone: _____ Cell Phone: _____
 Email: _____ Fax: _____

\$_____ donation. Registration fee of \$25.00 Includes one commemorative t-shirt.

Please check t-shirt size: S M L XL 2XL 3XL

Form of Payment

- Check (payable to Centralia Police Officers Association)
 Cash
 Credit Card Visa MC Other _____
 Account Number: _____ Exp date: _____





SPECIAL OLYMPICS WASHINGTON

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of participating in the **Law Enforcement Torch Run**, I represent that I understand the nature of the **Law Enforcement Torch Run** and that I am qualified, in good health, and in proper physical condition to participate in such event. I acknowledge that if I believe the event conditions are unsafe, I will immediately discontinue participation in the event.

I fully understand that the **Law Enforcement Torch Run** 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 incurred as a result of my participation in the event.

I hereby release, discharge, and covenant not to sue Special Olympics Washington, Centralia Police Department, City of Centralia, its administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the event 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 claim against any of the Releasees, will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which may incur as a result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, understand that I have given up my substantial rights by signing and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of 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/
Parent of those under the age of 18

Date: _____

Emergency Contact Name: _____

Relationship _____ Emergency Contact Phone Number: _____