

Kansas Law Enforcement Torch Run benefiting Special Olympics

Release and Waiver of Liability / Assumption of Risk and Indemnity "Agreement"

In consideration of participating in the Kansas Law Enforcement Torch Run benefiting Special Olympics, I represent that I understand the nature of the event and that I am qualified, in good health, and in proper physical condition to participate in such event.

I fully understand that the event involves risk of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inaction, those of others participating in the event, the conditions in which 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 convenient not to sue Special Olympics Kansas, their respective administrators, directors, agents, officers, 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 behalf, makes claims 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 and fully understand it.

I grant Special Olympics Kansas to use my likeness, voice, and words in television, radio, film or in any other form to promote activities of Special Olympics or the Law Enforcement Torch Run.

Name:

Address:

City:

State:

Zip:

Email Address:

Work Phone:

Home Phone:

Runners Agency:

County/Area:

Run Route (Start and Finish Location):

Which are you?: Runner Escort Support/Staff

Please Check One: T-shirt Tank

Shirt Size: Small Medium Large X-Large XX-Large

In what year did you first participate in the Torch Run?

Including this year, how many years have you participated in the Torch Run?

Signature _____ Date _____

Complete and return by **May 1st** to: Special Olympics Kansas, c/o LETR, 5280 Foxridge Drive, Mission, KS 66202

Fax: 913-236-9771 Email: LETR@kssso.org

If you have questions call 913-236-9290 or visit www.kansastorchrun.org