

Law Enforcement Torch Run Schools Program

Friday, June 7, 2019



Student Permission Slip

Student Name: _____

Date of Birth: ____/____/____ Age: _____ Grade: _____

Teacher Name: _____

School: _____

Check box if you are running. (only those eligible)

Money Raised: \$20 Other: \$ _____

(Minimum of \$20) - Checks made out to **Special Olympics New Jersey**

T-Shirt Size		
(circle one)		
<u>Youth</u>		
M		L
<u>Adult</u>		
S	M	L
XL		XXL

Special Olympics New Jersey Release and Waiver of Liability, Assumption of Risk and Indemnity, and Parental Consent Agreement

In consideration of participating in the 36th Annual Law Enforcement Torch Run for Special Olympics New Jersey, I represent that I understand the nature of running/riding events 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 running/riding events involve 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 New Jersey, 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.

NOTE: By my participation in this event I am granting permission to you to use my name, likeness, voice, and words in television, radio, films, newspapers, magazines, and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of Special Olympics in appealing for funds to support such activities.

Printed Name of Participant _____ Signature Required _____ Date: ____/____/____
 Signature of Participant (Parent/Legal Guardian if under 18) _____

For more information visit www.NJTorchRun.org or call (609) 896-8000

Created by the Joseph P. Kennedy Jr, Foundation

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