



Special Olympics  
North Dakota



## NORTH DAKOTA LAW ENFORCEMENT TORCH RUN® RELEASE FORM

To participate in the Law Enforcement Torch Run ® (LETR) promotional run please complete and sign this form.

**\*\*Please Print Legibly\*\***

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Law Enforcement Agency (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (work): \_\_\_\_\_ (Home/Cell): \_\_\_\_\_

E-mail address: \_\_\_\_\_

### **WAIVER: ALL PARTICIPANTS MUST READ AND COMPLETE THE FOLLOWING:**

I hereby release and hold harmless the sponsors, 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 in 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.

---

(Print Name)

\_\_\_\_\_  
Signature of participant  
(if age 18 or older)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature of parent/legal guardian  
(if participant is under age 18)

\_\_\_\_\_  
(Date)

Please return to: \_\_\_\_\_ (LETR Core Leader) at \_\_\_\_\_

or

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