

**2020 Florida Law Enforcement Torch Run  
Volunteer/Runner Registration Form**

Name: \_\_\_\_\_

Agency \_\_\_\_\_

City, County \_\_\_\_\_



[ ☐ ] **Yes - I Will Be a Runner** (*YOU MUST SIGN WAIVER BELOW*)

**SPECIAL OLYMPICS FLORIDA, INC.  
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY  
2020 FLORIDA LAW ENFORCEMENT TORCH RUN**

In consideration of participating in the 2020 Florida Law Enforcement Torch Run, 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 acknowledge that if on the event the conditions are unsafe, I will immediately discontinue participation in the event.

I fully understand the event involves risks of serious 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 understand and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the event.

I hereby release, discharge, and covenant not to sue Special Olympics Florida, Inc., their 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 the release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes 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 may occur as the result of such claim. I have read this release and waiver of liability, assumption of risk, and indemnity and fully understand it.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date