Intent to Participate

Please complete this form and sign waiver below.
Return to your **Leg Leader**.

_____
Runner's Name Agency

_____
Contact Phone Email

_____
Distance Available to Run Minutes per mile

_____
Preferred Area (mile marker) Means (run, walk, bike)

_____
Shirt Size Leg Leader

❑ Law Enforcement ❑ Special Olympics Athlete

Waiver & Release of Liability

I hereby release, discharge, and covenant not to sue Special Olympics Montana, Law Enforcement Torch Run®, Special Olympics, Inc., host city and 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 "RELEASES" 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 LIABLITY, 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.

_____ _____
Signature of Participant Date

❑ (Signature of parent/guardian for those under 18)

Pledge Form

Runner's Name: _____ Agency: _____

Address: _____ City, State, Zip: _____

Contact Phone: _____ Email: _____ Leg Leader: _____ Long-Sleeve Shirt Size: _____

Name/Address (please collect pledges before run)	Amount T-Shirts Sold	Pledge Amount	Total Amount	Paid
	$	$	$	❑ Cash ❑ Online ❑ Check ❑ Matching
	$	$	$	❑ Cash ❑ Online ❑ Check ❑ Matching
	$	$	$	❑ Cash ❑ Online ❑ Check ❑ Matching
	$	$	$	❑ Cash ❑ Online ❑ Check ❑ Matching
	$	$	$	❑ Cash ❑ Online ❑ Check ❑ Matching
	$	$	$	❑ Cash ❑ Online ❑ Check ❑ Matching
	$	$	$	❑ Cash ❑ Online ❑ Check ❑ Matching
	$	$	$	❑ Cash ❑ Online ❑ Check ❑ Matching
	$	$	$	❑ Cash ❑ Online ❑ Check ❑ Matching
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	$	$	$	❑ Cash ❑ Online ❑ Check ❑ Matching
	$	$	$	❑ Cash ❑ Online ❑ Check ❑ Matching
	$	$	$	❑ Cash ❑ Online ❑ Check ❑ Matching
TOTAL AMOUNT	**$**	**$**	**$**	

Make checks payable to Special Olympics Montana (SOMT). Receipts will be sent for amounts $250 and over, otherwise your check will serve as a receipt. Donations entered online will automatically receive a receipt.

Would you like your donations to go to a specific SOMT Team (list team): _____