



# 2008 Law Enforcement Torch Run Runner Registration Form

To participate in the Law Enforcement Torch Run for Special Olympics, please complete, sign and return this form to:

Law Enforcement Torch Run  
Special Olympics New York  
504 Balltown Road  
Schenectady, NY, 12304

Please check appropriate box below which best describes your participation in the Torch Run. You may need to check more than one box.

Runner       Support Services (non-runner)       Leg Coordinator

Torch Run Leg Coordinator: \_\_\_\_\_ Torch Run Leg Name: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Law Enforcement Agency \_\_\_\_\_ Commanding Officer \_\_\_\_\_

Agency Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

## WAIVER – ALL PARTICIPANTS PLEASE READ AND SIGN THE FOLLOWING:

I hereby release and hold harmless the sponsors, their officers and employees and Special Olympics New York, 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

I HAVE READ THE ABOVE RELEASE AND HOLD HARMLESS AGREEMENT, AND FULLY UNDERSTAND IT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DON'T FORGET TO RETURN  
REGISTRATION FORM PRIOR TO  
THE DATE OF YOUR RUN!!**

Please contact Renee Snyder, Special Olympics New York Torch Run Liaison with any questions at [rsnyder@nyso.org](mailto:rsnyder@nyso.org) or 518-388-0793 ext. 103