

ARIZONA LAW ENFORCEMENT TORCH RUN
PARTICIPANT REGISTRATION FORM

To participate in the Arizona Law Enforcement Torch Run for Special Olympics please complete and return this form to your Agency Coordinator. Your Agency Coordinator will contact you with the dates and times you will be participating.

PLEASE TYPE OR PRINT LEGIBLY

First Name _____ Last Name _____

Law Enforcement Agency _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____ Fax _____

Are you available to run into the Opening Ceremonies, first weekend in May? Yes No

WAIVER: ALL PARTICIPANTS MUST READ AND AGREE TO THE FOLLOWING:

I hereby release and hold harmless the sponsor, its officers and employees, 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 out of 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.

Signature _____ Date _____

Print Name _____

**SPECIAL OLYMPICS ARIZONA
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY, AND
PARENTAL CONSENT AGREEMENT ("AGREEMENT")**

In consideration of participating in the (activity), I represent that I understand the nature of (activity) 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 (activity) 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, Inc., Special Olympics Arizona, 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.

Printed name of participant

Signature of Participant (only if age 18 or over)

Date: _____

Signature of Parent/Legal Guardian
(if participant under age 18)



PUBLIC RELATIONS (PR) REQUEST FORM

To increase the possibility of media coverage and guarantee a media release, all information must be received by Jamie Andersen two weeks before the event. In addition, one or two athletes must be involved. As soon as the required information is received SOAZ will call the law enforcement personnel involved, as well as the athletes, and develop a story that will hopefully get coverage.

**Law Enforcement Torch Run
Special Olympics Arizona
Attention: Jamie Lynn Andersen
1850 N. Central Avenue, Suite 900
Phoenix, AZ 85004**

Event:

Date:

Location:

City, State, Zip:

Point of Contact

Phone Number(s):

E-Mail:

Athletes Involved 1.

2.

Additional Information



Fundraising Event Notification Form

Agency Name: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Work: _____ Fax: _____

Pager: _____ Emergency: _____

Brief Description of Event: _____

Date(s) and Time(s) of Event: _____

Location: _____ City: _____

Sponsor(s): _____

Estimated Amount to be raised: \$ _____

**All money raised must be submitted with a Pledge & Contribution form
for each participant to insure proper credit for the event.*

Additional information about requirements for the event (i.e. insurance or special requests): _____

I am fully aware of the guidelines set forth by the Arizona Law Enforcement Torch Run Council in soliciting and raising funds in the name of Special Olympics Arizona.

Name: _____ Title/Rank: _____

Signature: _____ Date: _____

Please submit form to: Special Olympics Arizona – LETR
1850 N Central Ave, #900
Phoenix, AZ 85004-4540
Fax (602) 230-1110
E-mail: jamiela@soaz.org

SOAZ USE ONLY: _____ Approved _____ Unapproved

PLEDGE, CONTRIBUTION, AND FUNDRAISING FORM

Law Enforcement Torch Run For Special Olympics Arizona

Convert cash to check or money order payable to: "L.E.T.R. Special Olympics"
Agency Coordinators: Mail form and payment collected in postage paid envelopes to:

Special Olympics Arizona
1850 N. Central Ave. Suite 900
Phoenix, AZ 85004-4540

Participant's Name: _____

Participant's Agency: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Agency Coordinator: _____

E-mail: _____

| Contributor's Name | Mailing Address | City, State, Zip | Phone | Donation Received | Pledge to Be Billed* |
|---------------------------------------|-----------------|-------------------|----------------|-------------------|----------------------|
| Jane Doe | 123 Main Street | Anytown, AZ 01234 | (602) 123-4567 | \$25.00 | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |
| Special Event (please specify) | | | | | |

Please photocopy and attach additional sheets if necessary. Don't forget to find out if your company has a matching gifts program.

***Pledges to be billed must be greater than \$10.00**

| | | | | |
|--------|----|--|----|--|
| Totals | \$ | | \$ | |
|--------|----|--|----|--|

Arizona Law Enforcement Torch Run
for Special Olympics

Merchandise Order Form

Name: _____ Date: _____

Agency: _____

Agency Coordinator: _____

Street Address: _____

City: _____ Zip: _____

Phone: _____ E-mail address: _____

- Convert all cash to check or money order payable to: "LETR Special Olympics Arizona"
- Mail Product Order Form(s) and payment to:

Law Enforcement Torch Run
Special Olympics Arizona
Attention: Jamie Andersen
1850 N. Central Avenue, Suite 900
Phoenix, AZ 85004

- T-shirts (short sleeve, long sleeve and tank tops) will be available prior to payment. All other merchandise must be paid in full prior to processing.
- Orders will be shipped directly to you from the vendor, or you may pick them up from the vendor.
- Please provide the UPS shipping address on your order form (UPS will not ship to a P.O. Box).
Please call Jamie Andersen at (602)324-5670 or e-mail jamiela@soaz.org if you have questions.

I understand that my agency and I are responsible to pay for any and all T-shirts we order. Any number of T-shirts that I/my agency orders will be sold and the monies sent to Special Olympics Arizona. I will do my best not to order more T-shirts than I believe I can sell. I understand that any and all T-shirts ordered must be paid for by the end of the LETR fiscal year which is August 31, 2008. In case of circumstances beyond my control I understand that it is my responsibility to inform my agency of my inability to sell the T-shirts ordered and make any arrangements necessary to have another employee of my agency assume responsibility to sell this product.

Signature: _____

Date: _____

2008 Merchandise Order Form

**PLEASE NOTE: ALL ITEMS WILL BE PRE-PAID EXCEPT FOR T-SHIRTS
(SHORT SLEEVE, LONG SLEEVE and TANK TOPS)**

Name and Agency: _____

Phone Number: _____ Date: _____

| ITEM | QUANTITY | PRICE | TOTAL |
|--|----------|---------|-------|
| Tank Top (Ladies): Small | | \$10.00 | |
| Medium | | \$10.00 | |
| Large | | \$10.00 | |
| X-Large | | \$10.00 | |
| XX-Large | | \$10.00 | |
| Tank Top (Men's): Small | | \$10.00 | |
| Medium | | \$10.00 | |
| Large | | \$10.00 | |
| X-Large | | \$10.00 | |
| XX-Large | | \$10.00 | |
| Short Sleeve: Small T-shirt | | \$12.00 | |
| Medium T-shirt | | \$12.00 | |
| Large T-shirt | | \$12.00 | |
| X-Large T-shirt | | \$12.00 | |
| XX-Large T-shirt | | \$12.00 | |
| XXX-Large T-shirt | | \$12.00 | |
| Long Sleeve: Small T-shirt | | \$15.00 | |
| Medium T-shirt | | \$15.00 | |
| Large T-shirt | | \$15.00 | |
| X-Large T-shirt | | \$15.00 | |
| XX-Large T-shirt | | \$15.00 | |
| Polo (Ladies): Small Polo Shirt | | \$28.00 | |
| Medium Polo Shirt | | \$28.00 | |
| Large Polo Shirt | | \$28.00 | |
| X-Large Polo Shirt | | \$28.00 | |
| XX-Large Polo Shirt | | \$28.00 | |
| XXX-Large Polo Shirt | | \$28.00 | |
| Polo (Men's): Small Polo Shirt | | \$28.00 | |
| Medium Polo Shirt | | \$28.00 | |
| Large Polo Shirt | | \$28.00 | |
| X-Large Polo Shirt | | \$28.00 | |
| XX-Large Polo Shirt | | \$28.00 | |
| XXX-Large Polo Shirt | | \$28.00 | |
| Navy Blue Dress Shirt: Small | | \$30.00 | |
| Medium | | \$30.00 | |

| | | | |
|---|-----------|--|----------|
| | Large | | \$30.00 |
| | X-Large | | \$30.00 |
| | XX-Large | | \$30.00 |
| | XXX-Large | | \$28.00 |
| Suede Lettermen Jacket w/ Left Chest LETR Logo Embroidery: | | | |
| | Small | | \$125.00 |
| | | | \$125.00 |
| | Medium | | |
| | Large | | \$125.00 |
| | X-Large | | \$125.00 |
| | XX-Large | | \$125.00 |
| | XXX-Large | | \$125.00 |
| Suede Lettermen Jacket w/ Full Back LETR Logo Embroidery: | | | |
| | Small | | \$145.00 |
| | | | \$145.00 |
| | Medium | | |
| | Large | | \$145.00 |
| | X-Large | | \$145.00 |
| | XX-Large | | \$145.00 |
| | XXX-Large | | \$145.00 |
| Suede Lettermen Jacket w/ Left Chest of your choice logo and full back LETR logo embroidery: | | | |
| | Small | | \$155.00 |
| | | | \$155.00 |
| | Medium | | |
| | Large | | \$155.00 |
| | X-Large | | \$155.00 |
| | XX-Large | | \$155.00 |
| | XXX-Large | | \$155.00 |
| Brief Bag: | | | \$30.00 |
| Baseball Cap: | | | \$10.00 |
| Visor: | | | \$15.00 |
| Water bottle: | | | \$10.00 |
| Thermal Tumbler: | | | \$8.00 |
| Sun Shade | | | \$12.00 |
| LETR Pin | | | \$3.50 |
| LETR Commemorative Coin | | | \$10.00 |
| TOTAL AMOUNT DUE WITH ORDER: | | | |

