



# TORCH RUN REGISTRATION & OFF LINE PLEDGE FORM

Please turn this sheet in, along with all collected pledges, the morning of the race at check-in. Checks should be made payable to Special Olympics Alaska. **Copies may be made of this sheet to accommodate additional pledges.**

**Runner's Name**  **Age**  **Gender**  Male  Female **T-Shirt Size**  Small  Medium  Large  X-Large

**Mailing Address**  **City / Town**  **State**  **Zip Code**

**Home Phone**  **Work Phone**  **Email**  **Employer**

**Waiver:** In participating in the 2015 Special Olympics Alaska Torch Run, I for myself, executors, administrators, and assigns, do hereby release and discharge Special Olympics Alaska and all sponsoring businesses whatsoever, in any manner arising and growing out of participating in this event. I also hereby consent to and permit emergency treatment in the event of any injury or illness. I grant full permission for organizers to use photographs of me and quotations by me in legitimate accounts and promotion of this event.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Sponsor	Sponsor's Address	Pledge Collected
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<b>TOTAL PLEDGES COLLECTED</b>		<b>\$</b>