

# 2021 FIRE TRUCK PULL FOR SPECIAL OLYMPICS REGISTRATION AND WAIVER

Team Name \_\_\_\_\_  
 Business/Organization \_\_\_\_\_  
 Team Captain \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Email Address \_\_\_\_\_

TEAM NUMBERS	MEMBER NAME	BODY WEIGHT
Captain		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Signature of Participant (only if age 18 or over)

Date:

# 2021 FIRE TRUCK PULL FOR SPECIAL OLYMPICS REGISTRATION AND WAIVER

## SPECIAL OLYMPICS INDIANA - WASHINGTON COUNTY

### RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY, AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")

In consideration of participating in the **Special Olympics Indiana-Washington County Fire Truck Pull**, I represent that I understand the nature of the Fire Truck event 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 the **Special Olympics Indiana-Washington County Fire Truck Pull** 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 re-sult 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 Indiana, Special Olympics Indiana-Washington County, Salem Media LLC, Walmart, Salem Fire Department or the City of Salem**, 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" here-in) 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 "releases" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or any-one on my and/or my minor child's behalf, makes a claim against any of the Releasee, I will indemnify, save, and hold harmless each of the releasee from any loss, liability, damage, or cost which any may incur as the result of such claim.

I also grant Special Olympics Indiana-Washington County and Salem Media LLC permission to use my likeness, image, voice and words on television, radio, film, or in any form to promote activities of Special Olympics Indiana-Washington County.

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 Parent/Legal Guardian

\_\_\_\_\_  
)  
Signature of Participant (only if age 18 or over)

\_\_\_\_\_  
Date: