



TORCH RUN REGISTRATION & OFFLINE 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	T-Shirt Size
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large
Mailing Address	City / Town	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Work Phone	Email	Employer
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Waiver: In participating in the 2017 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
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
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TOTAL PLEDGES COLLECTED		\$