



Registration Form

First Name:

Last Name:

Employer:

Address:

City:

State:

Zip:

Team Name:

Phone:

Email:

Which Area do you live in?

☐ PENINSULA
(Jefferson, Clallam, Kitsap, Mason)

☐ VALLEY
(Kittitas, Klickitat, Yakima)

☐ PIERCE COUNTY
(Jefferson, Clallam, Kitsap, Mason)

☐ BASIN
(Adams, Grant)

☐ CASCADE
(Island, San Juan, Skagit, Snohomish, Whatcom)

☐ TRI-CITIES
(Benton, Franklin)

☐ NORTH CENTRAL
(Chelan, Douglas, Okanogan)

☐ WALLA WALLA

☐ KING COUNTY

☐ SOUTHEAST
(Asotin, Columbia, Garfield, Whitman)

☐ NORTHEAST
(Ferry, Lincoln, Pend Oreille, Spokane, Stevens)

☐ OUT OF STATE

☐ COLUMBIA RIVER
(Clark, Cowlitz, Skamania Wahkiakum)

☐ CAPITOL
(Thurston, Lewis, Grays Harbor, Pacific)

Your Shirt Size:

☐ YOUTH S

☐ ADULT S

☐ ADULT 2XL

☐ YOUTH M

☐ ADULT M

☐ ADULT 3XL

☐ YOUTH L

☐ ADULT L

☐ ADULT 4XL

☐ YOUTH XL

☐ ADULT XL

Check the option that best describes you:

☐ YOUTH/SCHOOLS

☐ COMMUNITY MEMBER

☐ SOWA VOLUNTEER

☐ LAW ENFORCEMENT

☐ SOWA LOCAL PROGRAM/ATHLETE

☐ OTHER

☐ CORPORATE

Four Week Distance Goal (choose one): ☐ 50 miles ☐ 100 miles ☐ 150 miles ☐ 200 miles

☐ I would like to donate my incentive back so all funds raised serve the mission of Special Olympics Washington

Payment Information:

☐ I am a Special Olympics athlete *(no registration cost)*

☐ I have enclosed \$

for my pre-registration/donation *(\$30.00 cost to register)*

☐ Check enclosed *(payable to Special Olympics Washington)*

☐ Credit Card #

Exp. Date:

CVV:

Billing Zip Code:

Signature:



Registration Form

RETURN FORMS:

Special Olympics Washington: C/O CommUNITY Challenge

2815 2nd Avenue, Ste. 370, Seattle, WA 98121

Or Email: nbecker@sowa.org

Register online: CommUNITYChallengeWA.com

REFUND POLICY

Charitable contributions are non-refundable, and any fundraising for the CommUNITY Challenge, including registration deposit, is considered a charitable contribution and is therefore also non-refundable.

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

In consideration of participating in the Special Olympics Washington, CommUNITY Challenges/Walking Event ("Activity"), I represent that I understand the nature of walking/movement 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 walking/movement events involve risks of serious bodily injury, including viral infections, bacterial infections and other communicable diseases and illnesses, 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 Washington, 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:**

Date:

**Signature of
Participant**

(only if age 18 or older)

**Signature
of Parent/
Guardian**

*(if participant is
under age 18)*