

# Over the Edge Registration Form

Please complete entire registration and waiver. **Registration Deadline: August 13, 2010**

**Over The Edge Date: August 26, 2010**

**Benson Tower**

**1450 Poydras Street, New Orleans 70112**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

T- Shirt Size: \_\_\_\_\_

I cannot participate in the event, however, I would like to sponsor a Special Olympics Louisiana Athlete who can rappel for me.

I am interested in reviewing sponsorship packages for my company.

I will attend the Rappel on **Thursday, August 26, 2010**

## PAYMENT INFORMATION:

I am currently still raising funds. (All money must be collected before your place is reserved)

## Check:

Enclosed is my check for \$ \_\_\_\_\_

## Credit Card:

I will pay by credit card-complete below.

Visa

Master Card

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Total Amt to be Charged: \$ \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_

Signature: \_\_\_\_\_

I hereby authorize SOLA to charge the above total amount to my credit card for registration fee(s) for the Over the Edge event.

To charge your registration by phone, or for more information, call Special Olympics La. at 1-800-345-6644.

**For more information visit our website [www.laso.org](http://www.laso.org)**

**Special Olympics Louisiana, Over the Edge Event**

**Maria Sanchez**

1000 E. Morris Ave, Hammond, LA 70403

Phone: 800-345-6644 Fax: 985-345-6649 [msanchez@laso.org](mailto:msanchez@laso.org)



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

**Please complete all blanks**

In consideration of participating in the Special Olympics Louisiana Law Enforcement Over The Edge (“Activity”), and the JPSO SWAT events (which include firearms and helicopters), I represent that I understand the nature of Over The Edge and the JPSO SWAT events are separate and apart from Special Olympics Inc. and Special Olympics LA, 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 Over The Edge event and the JPSO SWAT events (which include firearms and helicopters) are separate and apart from Special Olympics Inc. and Special Olympics LA and 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 Louisiana, 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)

Participant’s Email: \_\_\_\_\_

# INDEMNITY AGREEMENT

I, \_\_\_\_\_ the undersigned. in consideration of the Jefferson Parish Sheriff's Office (JPSO) allowing my participation in the JPSO SWAT Team "Member for a Day" event in conjunction with the Louisiana Special Olympics, which I acknowledge is good and valuable consideration, agree to indemnify and hold harmless the Jefferson Parish Sheriff's Office, its employees and other personnel, from any claim, action, liability, loss, damage, or suit, arising from my participation in the JPSO SWAT Team "Member for a Day". In the event the undersigned shall fail to indemnify and save harmless, the undersigned further agrees to pay all reasonable attorney's fees and costs necessary to enforce this agreement or to defend any action brought in default of this agreement. The agreement shall be unlimited as to amount or duration. The agreement shall be binding upon and inure to the benefit of the parties, their successors, assigns, and personal representatives.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND  
INDEMNITY AGREEMENT**

<b>Not-for-Profit:</b>	<b>Special Olympics Louisiana Special Olympics, Inc</b>
<b>Property Owner:</b>	Benson Tower
<b>Over the Edge Event Site:</b>	Benson Tower 1450 Poydras Street New Orleans, LA 70112
<b>Event Date:</b>	Thursday, August 26, 2010

THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT (this "Waiver") IS A LEGALLY BINDING EXPRESS STATEMENT OF ASSUMPTION OF RISK AND A RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT. Please read this Waiver in its entirety, fill in all blanks and place your initials before each paragraph prior to signing.

In consideration of being permitted to participate in the Over the Edge Event (the "Event"), including, but not limited to, any and all climbing, rappelling, belaying and ascending rope activities, and any and all activities related thereto at the above-mentioned Over the Edge Event Site (collectively, the "Activities"), I hereby for myself, my spouse, children, heirs, and personal representatives, agree to the following terms and conditions:

\_\_\_\_ 1. I hereby discharge the non-profit and property owner listed above, and Over the Edge, Inc, Drop Zone Inc. and each of their respective parents, subsidiaries, affiliates, related companies, predecessors, successors, current and former agents, partners, officers, members, managers, directors, insurers, attorneys, employees, volunteers, representatives, and assigns (collectively, the "Event Sponsors") from any and all claims, demands, and causes of action arising from or relating to my participation in the Activities, whether such claims, demands, and causes of action result from passive or active negligence or from some other cause.

\_\_\_\_ 2. **I UNDERSTAND THAT THE ACTIVITIES ARE INHERENTLY DANGEROUS AND THAT I COULD BE RISKING SERIOUS INJURY OR DEATH, BY PARTICIPATING IN THE ACTIVITIES AND THAT MY PARTICIPATION IN THE ACTIVITIES IS ENTIRELY VOLUNTARY. I KNOW, UNDERSTAND, AND APPRECIATE THESE AND ALL OTHER RISKS THAT ARE INHERENT IN MY PARTICIPATION IN THE ACTIVITIES AND I HEREBY PERSONALLY ASSUME ALL SUCH RISKS, WHETHER FORESEEN OR UNFORESEEN.**

\_\_\_\_ 3. I hereby agree to fully indemnify and hold harmless the Event Sponsors from any and all claims, actions, suits, costs, losses, expenses, damages, and liabilities, including all reasonable attorney's fees and costs, incurred, brought, or threatened against the Event Sponsors in connection with my participation in the Activities.

\_\_\_\_ 4. I hereby agree for myself, my spouse, children, heirs and personal representatives not to sue or institute any lawsuit or any other proceeding against the Event Sponsors or any other party in connection with my participation in the Activities or any matters released or rights waived in this Waiver.

\_\_\_\_ 5. I agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which the event takes place. I agree that in the event that any clause or provision of this Waiver shall be held invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Waiver, which shall continue to be enforceable and the parties specifically direct any such court to amend or revise this agreement so that the intention of the parties to eliminate or reduce the liability of the Event Sponsors is realized to the extent legally permissible.

\_\_\_\_\_ 6. I understand that the Event Sponsors do not carry or maintain health, medical, or disability insurance coverage for me. Further, I hereby affirm that I carry and maintain medical insurance for my own benefit.

\_\_\_\_\_ 7. **I HAVE READ THIS WAIVER COMPLETELY, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE. I ACKNOWLEDGE THAT I AM SIGNING THIS WAIVER FREELY AND VOLUNTARILY, AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.** Furthermore, I acknowledge that I have no physical limitations, conditions or disabilities of any kind whatsoever that would inhibit me from participating in the Activities. I affirm that I am in good mental and physical fitness for participation in the Activities, and that I am not under the influence of alcohol or any drugs. If I am taking medication, I affirm that I have seen a physician and have approval to participate in the Activities while under the influence of such medication. Further, I agree to follow all safety rules discussed with me by the Event Sponsors. I understand that the Event Sponsors are relying on this Waiver, and I agree to be legally bound by this Waiver. This Waiver shall be binding upon my spouse, children, heirs, and personal representatives. In entering this agreement, I am not relying upon any oral or written representations made by the Event Sponsors other than what is set forth in this Waiver.

\_\_\_\_\_ 8. By participating in the Event at Over the Edge Event Site, I consent and allow the use of my name and likeness by the Event Sponsors in conjunction with publicity and marketing regarding the Event and similar events and for each such organization's own publicity and marketing activities. This consent is given in consideration of the participant's participation in the event.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone