



The mission of Special Olympics New Jersey is to provide year-round sports training and athletic competition in a variety of Olympic-type sports for thousands of children and adults with intellectual disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy, and participate in a sharing of gifts, skills, and friendship with their families, other Special Olympics athletes and their communities.

Special Olympics New Jersey depends on voluntary contributions and special fundraising activities to conduct programs year-round, free-of-charge for all participants.

Officer's Waiver
Waiver **MUST** be Signed to Participate in Torch Run

Special Olympics New Jersey Release and Waiver of Liability, Assumption of Risk, and Indemnity, and Parental Consent Agreement

In consideration of participating in the Special Olympics New Jersey 42nd Annual Law Enforcement Torch Run ("Activity"), I represent that I understand the nature of running/riding 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 running/riding 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 New Jersey, 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.

NOTE: By my participation in this event I am granting permission to you to use my name, likeness, voice, and words in television, radio, films, newspapers, magazines, and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of Special Olympics in appealing for funds to support such activities.

Printed Name of Participant: _____

Signature: _____ Date: ____/____/____
(Parent/Legal Guardian if under 18)



Special Olympics New Jersey Sports Complex
1 Eunice Kennedy Shriver Way
Lawrenceville, NJ 08648-2301

Please place
1st Class
postage
here



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1 Eunice Kennedy Shriver Way
Lawrenceville, NJ 08648-2301

NEW JERSEY STATEWIDE TORCH RUN 6, 2025



Each year more than 3,000 dedicated Law Enforcement officers participate in the annual Law Enforcement Torch Run as "Guardians of the Flame". This celebrated 26-leg journey carries the Special Olympics New Jersey "Flame of Hope" a distance of nearly 750 miles, through over 300 towns in the Garden State.



Please Join Us at Special Olympics New Jersey's 2025 Summer Games
June 7 - June 8 at The College of New Jersey in Ewing
Opening Ceremony at The College of New Jersey: Friday, June 6 at 7:30 p.m.

Torch Run Sponsorship Recognition Levels

- \$10,000 - Premier Level**
 - Official Torch Plaque
 - 7" x 7" photo/ad on Premier Level webpage on www.NJTorchRun.org with link to company website
 - Company banner displayed during the Opening Ceremony of Summer Games (must provide banner)
 - Four invitations to Summer Games Reception
 - \$5,000 - Torch Level**
 - Official Torch Plaque
 - 7" x 7" photo/ad on Torch Level webpage on www.NJTorchRun.org with link to company website
 - Company banner displayed during the Opening Ceremony of Summer Games (must provide banner)
 - Two invitations to Summer Games Reception
 - \$2,500 - Diamond Level**
 - Recognition Plaque
 - 7" x 7" photo/ad on Diamond Level webpage on www.NJTorchRun.org with link to company website
 - \$1,000 - Platinum Level**
 - Recognition Certificate
 - 7" x 7" photo/ad on Platinum Level webpage on www.NJTorchRun.org with link to company website
 - \$500 - Gold Level**
 - 7" x 3.75" page listing on Gold Level webpage on www.NJTorchRun.org
 - \$350 - Silver Level**
 - 3.5" x 3.75" page listing on Silver Level webpage on www.NJTorchRun.org
 - \$250 - Bronze Level**
 - 3.5" x 2" page listing on Bronze Level webpage on www.NJTorchRun.org
 - \$100 - Adopt-A-Cop**
 - Listing on Adopt-A-Cop webpage on www.NJTorchRun.org
- Schools, Organizations and Businesses can Adopt-A-Cop and sponsor a Law Enforcement Officer participating in the Torch Run by collecting donations on their behalf. Complete the donation information and return everything to your Officer or mail directly to Special Olympics New Jersey.*

For more information email LETR@sonj.org or visit www.NJTorchRun.org.

Interested in helping with other Law Enforcement Fundraising Events?

Many athletic competitions and fundraising events are held throughout the year and always need volunteers! Donations of products and services are also accepted.

Learn more at:

Website: www.sonj.org
Phone: (609) 896-8000 / Fax: (609) 896-8040

Law Enforcement Officers

COMPLETE the top section of the "Record of Sponsor Donations" (see right) with your name and contact information BEFORE you collect donations.

COLLECT donations/sponsorships and record on each line. Return everything in the attached tear-off envelope to your Run Coordinator or mail directly to Special Olympics New Jersey.

ASK SCHOOLS, ORGANIZATIONS, BUSINESSES TO "ADOPT" YOU. Leave this envelope with them to collect and record their donations. They may return everything to you or mail directly to Special Olympics New Jersey.

NO PLEDGES - NO BILLING WILL BE DONE

Officers may Register or Donate online at:

www.NJTorchRun.org

OR

Submit checks or money orders payable to:
Special Olympics New Jersey

Please indicate "Torch Run # ___ Sponsorship"

Return donations to:

**Law Enforcement Torch Run
Special Olympics New Jersey Sports Complex
1 Eunice Kennedy Shriver Way
Lawrenceville, NJ 08648**



Thank you to all past and future sponsors. Learn how your support changes lives and attitudes by visiting: **www.sonj.org**.

You can be a hero starting today.



*Created by the Joseph P. Kennedy, Jr. Foundation
Authorized and Accredited by Special Olympics, Inc., for the
Benefit of Persons with Intellectual Disabilities.*

Record of Sponsor Donations
Donations accepted online: www.NJTorchRun.org

LETR Coordinator Name _____

RUN NUMBER (circle ONE)

1 2 3 4 5 6 7 8 9 10
11a 11b 11c 12 13 14 15 17 18 19

Please Print Clearly so we can read it!

Submitted by _____

PD/Agency _____

E-mail Address _____

Phone Number _____

County _____ Phone _____ - _____ - _____

Address _____

City _____ St _____ Zip _____

Check or Money Order only (no Cash)
Payable to: Special Olympics New Jersey *Enclosed

Name on Check _____ \$ _____

Daytime Phone _____

Donation on behalf of _____

Address: _____

Name on Check _____ \$ _____

Daytime Phone _____

Donation on behalf of _____

Address: _____

Name on Check _____ \$ _____

Daytime Phone _____

Donation on behalf of _____

Address: _____

Name on Check _____ \$ _____

Daytime Phone _____

Donation on behalf of _____

Address: _____

Name on Check _____ \$ _____

Daytime Phone _____

Donation on behalf of _____

Address: _____

Total Amount in Envelope <i>(Do not send Cash)</i>	\$ _____
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*\$500 or more see Sponsorship Recognition Levels on reverse.