2026 POSOLE OLÉ FUN WALK REGISTRATION

Special Olympics New Mexico

REGISTRATION INFORMATION

NAME:_____

ADDRESS:_____

CITY/STATE/ZIP:_____

PHONE NUMBER:_____

EMAIL:_____

TEAM NAME:_____

☐ I AM AN INDIVIDUAL WALKER (I AM NOT PART OF A REGISTRED TEAM).

☐ MY COMPANY HAS MATCHING FUNDS AND MY COMPANY'S MATCHING GIFT FORM IS ATTACHED.

☐ I CANNOT PARTICPATE THIS YEAR, BUT PLEASE ACCEPT MY DONATION OF _____ ON BELHALF OF SPECIAL OLYMPICS NM ATHLETES.

WAIVER AND RELEASE:

IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THE POSOLE OLÉ FUN WALK, I HEREBY, FOR MYSELF, MY HEIRS, AND PERSONAL REPRESENTATIVES, ASSUME ANY AND ALL RISKS THAT MIGHT BE ASSOCIATED WITH THE EVENT.

I FURTHER WAIVE, RELEASE, DISCHARGE, AND COVENANT NOT TO SUE SPECIAL OLYMPICS NEW MEXICO, ITS OFFICERS, EMPLOYEES, SPONSORS, ORGANIZERS, VOLUNTEERS, OR OTHER REPRESENTATIVES, OR THEIR SUCCESSORS AND ASSIGNS, FOR ANY AND ALL INJURIES OR DAMAGES OF ANY KIND WHATSOEVER SUFFERED AS A RESULT OF TAKING PART IN THE EVENT AND ANY RELATED ACTIVITIES.

I ALSO AGREE TO THE USE OF ANY PHOTOGRAPH, FILM, OR VIDEOTAPE OF THE EVENT FOR ANY PURPOSE.

SIGNATURE (PARENT/GUARDIAN SIGNATURE REQUIRED IF THE WALKER IS UNDER 18):

SIGNATURE:_____DATE:_____

MAIL YOUR REGISTRATION INFORMATION TO:

SPECIAL OYLMPICS NEW MEXICO 6600 PALOMAS NE, SUITE 207, ALBUQUERQUE, NM, 87109

PLEASE DO NOT SEND PLEDGE MONEY WITH THIS FORM

NOTICE: IF YOU WANT THE DONATIONS TO BE SPLIT 50/50 PLEASE TURN IN MONEY TO THE STATE OFFICE BY THURSDAY, DECEMBER 3RD BY 5PM.

SPECIAL OYLMPICS NEW MEXICO 6600 PALOMAS NE, SUITE 207, ALBUQUERQUE, NM, 87109

Name	Address	City	Zip	Email	Amount

GRAND TOTAL $ _____