



APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS
Release and Wavier of Liability, Assumption of Risk and Indemnity Agreement
UNIFIED SPORTS® PARTNER

Area _____

Area Reviewing Authority _____

SECTION A - ATHLETE INFORMATION

PROGRAM: _____
Athlete Social Security Number _____ - _____ - _____
Athlete Name _____
Address _____
Sex/Gender _____ Date of Birth (month/day/year) _____
Home Phone _____
Parent/Guardian Name _____
Address (if different than athlete) _____
Work Phone _____
Home Phone _____
Emergency Contact (if other than parent/guardian) _____
Health/Accident Company _____
Home Phone _____
Policy # _____

SPECIAL OLYMPICS RELEASE AND WAIVER OF LIABILITY

In consideration of participating in Special Olympics Unified Sports®, I represent that I understand the nature of the event and that I (and/or my minor child) am (are/is) qualified, in good health, and in proper physical condition to participate in Unified Sports® events. I fully understand the event involves risks of serious bodily injury which may be caused by my own actions or inactions, by the actions of others participating in the event, or by conditions in which the event takes place. I fully accept and assume all such risks and all responsibility for losses, costs, and/or damages I (and/or my minor child) may incur as a result of my (and/or my minor child's) participation. I acknowledge that at any time that if I (we) feel that the event conditions are unsafe, I (and/or my minor child) will discontinue participation immediately.

If during my participation in Special Olympics activities I should need emergency medical treatment and I (and/or my minor child) am (are/is) not able to give my consent for or make my own arrangements for that treatment because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

I (and/or my minor child) release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, and other Unified Sports® participants, and sponsors, advertisers, and if applicable, any owners and lessors of premises on which the activity takes place from liability, any losses, claims (other than that of the medical accident benefit), demands, costs, or damages that I (and/or my minor child) may incur as a result of participation in Unified Sports® events and further agree if, despite this 'Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement,' I, or anyone on my behalf, makes a claim against any of the Releases, and will indemnify, save, and hold harmless each of the Releases from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

I have read this 'Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement' and fully understand it.

Signature of Unified Sports® Partner _____ Date _____
Signature of Parent or Guardian if Unified Sports® Partner is a Minor _____ Date _____

VOLUNTEER INFORMATION/APPLICATION

If you have previously completed an A/B Volunteer Form, disregard the following information. If you have not, please complete:

- 1) Do you use illegal drugs [] Yes [] No
2) Have you ever been convicted of a criminal offense? [] Yes [] No
3) Have you ever been charged with neglect, abuse or assault? [] Yes [] No
4) Has your driver's license ever been suspended or revoked in any state? [] Yes [] No

List 2 non-family references:
Name Relationship Address or Phone Number
1) _____
2) _____

PLEASE READ BEFORE SIGNING - I understand that:

- the information that I have provided may be verified, and I give permission to Special Olympics to make inquiry of others concerning my suitability to act as a Special Olympics volunteer;
- in the course of volunteering for Special Olympics, I may be dealing with confidential information and I agree to keep said information in the strictest confidence;
- the relationship between Special Olympics and volunteers is an 'at will' arrangement, and that it may be terminated at any time without cause by either the volunteer or Special Olympics.
- I grant Special Olympics my permission to use my likeness, voice, and words in television, radio, film or in any form to promote activities of Special Olympics.

Signature of Unified Sports® Partner _____ Date _____
Signature of Parent or Guardian if Unified Sports® Partner is a Minor _____ Date _____