



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

**SECTION A – ATHLETE INFORMATION**

Name \_\_\_\_\_ Email address: \_\_\_\_\_  
 Address \_\_\_\_\_ Sex/Gender F or M Date of Birth (\_\_\_\_/\_\_\_\_/\_\_\_\_)  
 Phone # \_\_\_\_\_ Driver License # \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Phone \_\_\_\_\_  
 Emergency Contact (if other than Parent/Guardian) \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_  
 Health/Accident Company \_\_\_\_\_ 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. (sign below)

**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   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) Have you ever been convicted of a criminal offense?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) Have you ever been charged with neglect, abuse or assault?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4) Has your driver's license ever been suspended or revoked in any state? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5) Do you have a medical condition we should be aware of?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- If yes, please explain \_\_\_\_\_

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 to 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.
- I have received information on the sign, symptoms & consequences of concussion in accordance with Public Acts 342 and 342 of 2012.

\_\_\_\_\_  
Signature of Unified Sports® Partner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian if Unified Sports® Partner is a minor

\_\_\_\_\_  
Date



**Educational Material for Parents and Students (Content Meets MDH Requirements)**

Sources: Michigan Department of Community Health, CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

**UNDERSTANDING CONCUSSION**

Headache	Pressure in the Head	Nausea/Vomiting	Dizziness
Balance Problems	Double Vision	Blurry Vision	Sensitive to Light
Sensitivity to Noise	Sluggishness	Haziness	Fogginess
Poor Concentration	Memory Problems	Confusion	"Feeling Down"
Not "Feeling Right"	Feeling Irritable	Slow Reaction Time	Sleep Problems Grogginess

**WHAT IS A CONCUSSION?**

A **concussion is a type of traumatic brain injury** that changes the way the brain normally works. A concussion is caused by fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

**IF YOU SUSPECT A CONCUSSION:**

- SEEK MEDICAL ATTENTION RIGHT AWAY** - A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don't hide it, report it. Ignoring symptoms and trying to "tough it out" often makes it worse.
- KEEPING YOUR STUDENT OUT OF PLAY** - Concussions take time to heal. Don't let the student return to play the day of injury and until a health care professional says it's okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for lifetime. They can be fatal. It is better to miss one game than the whole season.
- TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION** - Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

**SIGNS OBSERVED BY PARENTS:**

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can't recall events prior to or after a hit
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood or behavior, or personality changes

**CONCUSSION DANGER SIGNS:**

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awoken
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused,
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

**HOW TO RESPOND TO A REPORT OF A CONCUSSION:**

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer

To learn more, go to [www.cdc.gov/concussion](http://www.cdc.gov/concussion).

**Parents and Students (under 18) Must Sign and Return the Application for Participation Form**