

FORM C2 – Athlete Release Form

Instructions: This form is required for all Special Olympics athletes and health program participants.

I want to participate in Special Olympics activities and agree to the following:

1. **Able to Participate.** I am able to participate in Special Olympics activities. I am submitting a completed MEDICAL FORM that says it is safe for me to participate.
2. **Athlete Code of Conduct.** I understand that it is my responsibility to acquire, review and complete the Athlete Code of Conduct form for the safety and health of both myself and fellow athletes.
3. **Photo Release.** I give Special Olympics organizations permission to use my picture, video, name, voice, and words to promote Special Olympics.
4. **Overnight Stay.** I understand that some Special Olympics activities may require an overnight stay in a hotel or someone else's home. If I have questions about this I will ask.
5. **Emergency Care.** If I need medical care in an emergency and I am not able to I consent at that time, I consent to emergency care.
6. **Health Programs.** If I choose to participate in a Special Olympics health program, I consent to health-related activities, physical examinations, and treatment. I understand that this should not replace regular medical care. I understand that I can stop participating or say no to treatment or any other activity at any time.
7. **Concussion.** I have received information on the signs, symptoms, and consequences of concussions in accordance with Public Acts 342 and 343 of 2012. By signing this form, I acknowledge that I have read, fully understand, and agree to be bound by the provision of this release.
8. **Personal Information.** I understand that my personal information may be used and shared by employees and volunteers of Special Olympics organizations to:
 - Make sure I am eligible and can participate safely in Special Olympics activities;
 - Coordinate training and competition events and compile competition results for Special Olympics, the media, and the public;
 - Input my information in a computerized database maintained by Special Olympics;
 - Provide healthcare treatment, make referrals, consult other doctors, and remind me about follow-up services;
 - Research, communicate, and respond to needs of Special Olympics participants (identifying information is removed if shared with the public); and
 - Provide information to government authorities as necessary to obtain visas, protect health and safety, respond to government requests, and report information as required by law.

PARTICIPANT NAME: _____

PARTICIPANT SIGNATURE (Participant and Witness signatures required if Participant is over 18 years old and is signing on own behalf)

I have read and understand this release. By signing, I agree to this release.

Participant Signature: _____ Date: _____

I have reviewed this Release Form with the Participant. I am satisfied that the Participant understands and agrees to this Release Form.

Witness Signature: _____ Date: _____

Printed Name: _____ Relationship: _____

PARENT/GUARDIAN SIGNATURE (required if Participant is under 18 years old or has a legal guardian)

I am a parent or guardian of the Participant. I have read and understand this release and have explained the contents to the Participant as appropriate. By signing, I agree to this release on my own behalf and on behalf of the Participant.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Relationship: _____