

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

SECTION A ATHLETE INFORMATION

PROGRAM: _____

Unified Partner Social Security Number: _____ Sex/Gender: M or F

Unified Partner Name: _____

Date of Birth (month/day/year) _____

Address: _____ Home phone: (____) _____

Email: _____

Parent/Guardian Name: _____

Work phone: (____) _____

Address (if different than athlete) _____

Home phone: (____) _____

Emergency Contact (if other than parent/guardian): _____

Home phone: (____) _____

Health/Accident Company: _____

Policy #: _____

SPECIAL OLYMPICS RELEASE AND WAIVER LIABILITY

In consideration of participation 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 risk 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 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 if I (we) feel 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 lesser of the premises on which the activity takes place from all 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 that 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, I 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

- | | |
|--|--------------|
| 1.) Do you use illegal drugs? | Yes _____ No |
| 2.) Have you ever been convicted of a criminal offense? | Yes _____ No |
| 3.) Have you even 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 with a background check, 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 permission, to use my likeness, voice, and words in television, radio, film, or in any form to promote Special Olympics.

Signature of Unified Sports® Partner

Date

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

Date