Special Olympics
Ohio
Greater Dayton

March 2011

Dear Coaches:

Thank you for participating in this year's **Track & Field Event** on **April 30, 2011**. Please take a moment to go over the enclosed material. It will make your registration paperwork easier to complete.

1. Please take the training of your athletes seriously. Developing physical fitness and competencies in specific sports are among the goals of Special Olympics competitions. Athletes need to understand the rules governing their chosen events and should be trained in proper techniques. **Disqualifications will occur for rule infractions.**

2. Multi-Handicapped events are designed to allow persons who use wheelchairs, crutches or braces to compete using their own unique style of mobility. **Please take care when registering multi-handicapped events.** The special needs section of your registration forms **MUST** be filled out.

3. **All medicals are due with your registration forms on Friday, April 8, 2011.**

4. A **coaches meeting** is scheduled for **Friday, April 15, 2011 @ 4:30pm** at the Special Olympics office conference room, second floor, at which you will receive a printout of the information generated by our computer program. Any corrections to this information **MUST BE REPORTED TO US BY TUESDAY, APRIL 19, 2011**. **NO CORRECTIONS WILL BE MADE AFTER THIS DATE**.

5. Questions concerning this event should be directed to Vicki DeAtley at (937)258-5353.

Sincerely,

Vicki DeAtley
Local Coordinator

4130 LINDEN AVENUE / SUITE 310 / DAYTON, OHIO 45432 / PHONE: 937.258.5353 / FAX: 937.258.5354 / www.specialolympicsdayton.org

Created by the Joseph Kennedy Jr. Foundation for the Benefit of Citizens with Intellectual Disabilities

Special Olympics
Ohio
Greater Dayton

2011 TRACK & FIELD REGISTRATION FORM INFORMATION

REGISTRATION DEADLINE: APRIL 8, 2011

ALL TIMES MUSTE BE IN MINUTES AND SECONDS
ALL DISTANCES MUST BE IN METERS AND CENTIMETERS

INDIVIDUAL RUNNING EVENT #'S

1. 50 Meter (If you enter an athlete in this event, do not enter them in any other running event)
2. 100 Meter
3. 200 Meter
4. 400 Meter
5. 800 Meter
6. 1500 Meter
7. 3000 Meter

INDIVIDUAL WALKING EVENT #'S

11. 100 Meter
12. 400 Meter
13. 800 Meter
14. 2 Kilometer

TEAM RELAY EVENT #'S

21. 4 x 100 Meter
22. 4 x 100 Meter Unified
23. 4 x 400 Meter
24. 4 x 400 Meter Unified

INDIVIDUAL FIELD EVENT #'S

31. Softball Throw
32. Standing Long Jump
33. Running Long Jump
34. Shot Put

MULTI-HANDICAPPED EVENTS (DO NOT COMBINE WITH ABOVE EVENTS)
Multi-Handicapped Track Event #'s

41. 10 Meter Assisted Walk
42. 25 Meter Assisted Walk
43. 30 Meter Wheelchair Slalom
44. 50 Meter Wheelchair Race
45. 100 Meter Wheelchair Race
46. 50 Meter Assisted Walk

MULTI-HANDICAPPED FIELD EVENT #'S

51. Bean Bag Throw
52. Tennis Ball Throw

Special Olympics
Ohio
Greater Dayton

PLANNING CALENDAR

MARCH 2011	**Begin training and recording information for each athlete's events. Record the best times and distances on the registration form.**

MAIL YOUR REGISTRATION FORMS EARLY

REGISTRATION FORMS ARE DUE IN THE SPECIAL OLYMPICS OFFICE
APRIL 8, 2011 @ 5:00PM
NO FAXED COPIES WILL BE ACCEPTED

APRIL 8, 2011	**5:00PM**	**REGISTRATION DEADLINE**
APRIL 15, 2011	**4:30PM**	**COACHE'S MEETING-Conference Room, 2nd Floor (information pick-up)**
APRIL 19, 2011		**ALL CORRECTIONS DUE BY THIS DATE.**
APRIL 30, 2011		**TRACK & FIELD 2011 @ WELCOME STADIUM**
MAY 1, 2011		**EVENT RAIN DATE**
MAY 4, 2011	**5:00PM**	**STATE ALLOCATION REQUEST DEADLINE DUE INTO SPECIAL OLYMPICS DAYTON OFFICE**
JUNE 24, 25, 26 2011		**STATE SUMMER GAMES AT OSU, COLUMBUS (Be sure to turn in your request forms ASAP-No later than May 4, 2011)**

Special Olympics
Ohio
Greater Dayton

REGISTRATION DEADLINE
APRIL 8, 2011
5:00PM

PLEASE READ THE FOLLOWING:

1. **REGISTRATION FORMS ARE TO BE FILLED OUT COMPLETELY.**

2. **Indicate SPECIAL NEEDS in the appropriate box for athlete's with significant physical/hearing/visual impairments.**

3. **Medicals for new athlete's or expired medicals are DUE ON THE REGISTRATION DEADLINE DATE. The only medical accepted will be the form included in your packet. YOU MUST SUBMIT A SPECIAL OLYMPICS MEDICAL FORM SIGNED BY AN ATHLETE'S PHYSICIAN - NO ATTACHMENTS ARE ACCEPTABLE.**

4. **Any questions should be directed to Vicki DeAtley at (937)258-5353.**

5. **Send COMPLETED registration forms and medicals to:**

Special Olympics of Greater Dayton
Track & Field Event
4130 Linden Ave., Suite 310
Dayton, Ohio 45432

****REGISTRATION FORMS WILL "NOT" BE ACCEPTED AFTER APRIL, 8, 2011 @ 5:00PM****

Special Olympics
Ohio
Greater Dayton

March 2011

ATTENTION TRACK & FIELD COACHES

PLEASE REMEMBER THE FOLLOWING WHEN REGISTERING YOUR ATHLETE'S:

Any athlete registered for a 50 meter event will not be eligible to compete in any other running event, but may register for an additional event such as softball throw, long jump, shot put or walking event.

Any athlete registered for a 50 meter event will NOT be eligible to compete in a relay race.

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Special Olympics
Ohio
Greater Dayton

ALL TIMES MUST BE IN MINUTES AND SECONDS

ALL DISTANCES MUST BE IN METERS AND CENTIMETERS

2011 TRACK & FIELD REGISTRATION FORM

SCHOOL/ FACILITY:______________________________

COACH NAME:____________________
ADDRESS:____________________
HOME PONE #:____________________
CELL PHONE #:____________________

PARTICIPANTS NAME	DATE OF BIRTH			AGE	SEX	T-SHIRT	INDIVIDUAL EVENTS				RELAYS			SPECIAL NEEDS
LAST NAME, FIRST NAME	MM	DD	YY	AS OF EVENT	M/F	S, M, L, XL, 2X	EVENT #1	TIME/ DISTANCE	EVENT #2	TIME/ DISTANCE	EVENT #	TEAM #	TOTAL TEAM TIME	
											X	X	X	
											X	X	X	
											X	X	X	
											X			
												M	M	
											E	A	R	
											S	E	O	
											U	T	F	
											X	X	X	
											X	X	X	
											X	X	X	

INDIVIDUAL RUNNING EVENT #'S
2. 100 METER
3. 200 METER
4. 400 METER
5. 800 METER
6. 1500 METER
7. 3000 METER

INDIVIDUAL WALKING EVENT #'S
11. 100 METER
12 400 METER
13. 800 METER
14. 2 KILOMETER

TEAM RELAY EVENT #'S
21. 4X100 METER
22. 4 X 100 METER (UNIFIED)
23. 4 X 400 METER
24. 4 X 400 METER (UNIFIED)

INDIVIDUAL FIELD EVENT #'S
31. SOFTBALL THROW
32. STANDING LONG JUMP
33. RUNNING LONG JUMP
34. SHOT PUT

MULTI-HANDICAPPED EVENT #'S
1 50 METER RUN
41 10 METER ASSISTED WALK
42 25 METER ASSISTED WALK
43 30 METER WHEELCHAIR SLALOM
44 50 METER WHEELCHAIR RACE
45 100 METER WHEELCHAIR RACE
46 50 METER ASSISTED WALK
51 BEAN BAG THROW
52 TENNIS BALL THROW

TEAM FORM

Directions…Fill in this "Team Form" for each of your Relays. If you have more than one relay within this event, be sure they are distinguished in the number section #1, #2,etc. Circle the proper event for each of your teams. List the name and sex of your team members and alternates. For Unified relay make a "P" after your partner's name.

Team Number_______________

Head Coach_________________________________

ATHLETICS

4 X 100 Relay-Traditional
4 X 100 Relay-Unified
4 X 400 Relay-Traditional
4 X 400 Relay-Unified

ATHLETE NAMES IN ORDER OF RUNNING

1.____________________________________

2.____________________________________

3.____________________________________

4.____________________________________

RELAY ALTERNATE NAMES

1.___________________________

2.___________________________

RELAY SCORE:

MIN.________SEC._________TEN.__________

OFFICAL SPECIAL OLYMPICS RELEASE FORM

RELEASE TO BE COMPLETED BY ADULT ATHLETE

I, ______________________________ am at least 18 years old and have submitted the attached application for participation in Special Olympics.

I represent and warrant that, to the best of my knowledge and belief, I am physically and mentally able to participate in Special Olympics activities. I also represent that a licensed physician has reviewed the health information contained in my application and has certified, based on an independent medical examination, that there is no medical evidence which would preclude me from participating in Special Olympics. I understand that if I have Down Syndrome, I cannot participate in sports or events which, by their nature, result in hyper-extension, radical flexion or direct pressure on my neck or upper spine unless I and two physicians have completed the official "Special Release for Athletes with Atlanto-Axial Instability," available from the Special Olympics Chapter program in my state, or I have had a full radiological examination which establishes the absence of Atlanto-axial Instability. I am aware that if I choose not to complete the "Special Release for Athletes with Atlanto-Axial Instability" form, which establishes the absence of Atlanto-axial Instability, I must have the radiological examination before I can participate in equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, and soccer.

Special Olympics has my permission, (both during and anytime after), to use my likeness, name, voice or words in either television, radio, film, newspapers, magazines, and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support these purposes and activities.

If, during my participation in Special Olympics activities, I should need emergency medical treatment, and I am not able to give my consent 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, the athlete named above, have read this paper and fully understand the provisions of the release that I am signing. I understand that by signing this paper, I am saying that I agree to the provisions of this release.

______________________________ ______________________________

Signature of Adult Athlete Date

I hereby certify that I have reviewed this release with the athlete whose signature appears above. I am satisfied based on that review that the athlete understands this release and has agreed to its terms.

Name (Print) ______________________________

Relationship to athlete ______________________________
(e.g. family member, teacher, coach, etc.)

RELEASE TO BE COMPLETED BY Parent or Guardian of minor athlete

I am the parent/guardian of ______________________________, the minor athlete, on whose behalf I have submitted the attached application for participation in Special Olympics. I hereby represent that the athlete has my permission to participate in Special Olympics activities.

I further represent and warrant that to the best of my knowledge and belief, the athlete is physically and mentally able to participate in Special Olympics. With my approval, a licensed physician has reviewed the health information set forth in the athlete's application, and has certified based on an independent medical examination that there is no medical evidence, which would preclude the athlete's participation. I understand that if the athlete has Down Syndrome, he/she cannot participate in sports or events, which, by their nature, result in hyper-extension, radical flexion or direct pressure on the neck or upper spine, unless I and two physicians have completed the official "Special Release for Athletes with Atlanto-Axial Instability." Available from the Special Olympics Chapter program in my state, or the athlete has had a full radiological examination, which establishes the absence of Atlanto-axial Instability. I am aware that if I choose not to complete the "Special Release for Athletes with Atlanto-Axial Instability" form, which establishes the absence of Atlanto-axial Instability, the athlete must have the radiological examination before he/she can participate in equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, and soccer.

In permitting the athlete to participate, I am specifically granting my permission, (both during and anytime after), to Special Olympics to use the athlete's likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities.

If a medical emergency should arise during the athlete's participation in any Special Olympics activities, at a time when I am not personally present so as to be consulted regarding the athlete's care, I hereby authorize Special Olympics, on my behalf, to take whatever measures are necessary to ensure that the athlete is provided with any emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the athlete's health and well-being.

I am the parent (guardian) of the athlete named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the athlete. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the athlete named above.

I hereby give my permission for the athlete named above to participate in Special Olympics games, recreation programs, and physical activity programs.

______________________________ ______________________________

Signature of Parent/Guardian Date

Created by the Joseph P. Kennedy Foundation for the Benefit of Citizens with Mental Retardation

SPECIAL OLYMPICS OHIO APPLICATION FOR PARTICIPATION (Revised 2002)

COUNTY: ______________________________

ORGANIZATION: ______________________ ☐ Male ☐ Female Date of Birth (month/day/year) ___/___/___

Athlete's Name ______________________

Athlete's Address ______________________ Athlete Home Phone # ______________

City State Zip

Parent/Guardian's Name ______________________ Parent Primary Phone # ______________

Parent/Guardian's Address (if different than athlete) ______________ Parent Secondary Phone # ______________

Emergency Contact (if other than parent/guardian) ______________ Primary Phone # ______________

Health/Accident Insurance Company ______________ Policy # ______________

Yes	No		Yes	No	
☐	☐	Heart disease / heart defect / high blood pressure	☐	☐	Allergy:
☐	☐	Chest pain	☐	☐	Medicines: ______________
☐	☐	Seizures / epilepsy/fainting spells	☐	☐	Food: ______________
☐	☐	Diabetes	☐	☐	Insect stings/bites: ______________
☐	☐	Concussion or serious head injury	☐	☐	Special diet
☐	☐	Major surgery or serious illness	☐	☐	*Asthma
☐	☐	Heat stroke / exhaustion	☐	☐	Tobacco use
☐	☐	Blindness / visual problem	☐	☐	Easy bleeding
☐	☐	Contact lenses / glasses	☐	☐	Emotional / psychiatric / behavioral
☐	☐	Hearing loss / hearing aid	☐	☐	Sickle cell trait or disease
☐	☐	Bone or joint problem	☐	☐	Immunizations up to date
			☐	☐	Other (For additional space, use back of form): ______________

Date of most recent tetanus immunization ___/___/___

A physical examination by a licensed physician is required every three (3) years

If the local program has a reasonable basis for believing that there has been a significant change in the athlete's health since this history and physical examination, then the athlete shall be required to seek medical advice & submit a new application form before further Special Olympics participation.

Medications:

Please print medication name, amount, date prescribed and number of times per day medication is given. Attach separate sheet if necessary.

Medication Name	Dosage	Date Prescribed.	Times per day	Medication Name	Dosage	Date Prescribed.	Times per day

Signature of parent/caregiver/adult athlete: ______________________ Date ___/___/___

EXAMINER'S NOTE: If the athlete has Down syndrome, Special Olympics requires a full radiological examination establishing the absence of Atlanto-axial Instability before he/she may participate in sports or events which, by their nature, may result in hyperextension, radical flexion or direct pressure on the neck or upper spine. The sports and events for which such a radiological examination is required are: judo, equestrian sports, gymnastics, diving, pentathlon, butterfly stroke and diving starts in swimming, high jump, alpine skiing, snowboarding, squat lift, and football team competition (soccer).

Yes	No	
☐	☐	Has an x-ray evaluation for atlanto-axial instability been done?
☐	☐	If yes, was it positive for atlanto-axial instability? (positive indicates that the atlanto-dens interval is 5mm or more)

Blood pressure: ___/___ Weight: _____ Height: _____

Normal	Abnormal		Normal	Abnormal		Normal	Abnormal	
☐	☐	Vision	☐	☐	Cardiovascular system	☐	☐	Cranial nerves
☐	☐	Hearing	☐	☐	Respiratory system	☐	☐	Coordination
☐	☐	Oral cavity	☐	☐	Gastrointestinal system	☐	☐	Reflexes
☐	☐	Neck	☐	☐	Genitourinary system	☐	☐	
☐	☐	Extremities	☐	☐	Skin			

Other: ______________________

I have reviewed the above health information and have performed the above examination on this athlete within the past 6 months and certify that the athlete can participate in Special Olympics. Any significant change to the above information requires a new examination prior to any participation.

RESTRICTIONS: ______________________

EXAMINER'S SIGNATURE: ______________________ Date ___/___/___

EXAMINER'S NAME: ______________________

ADDRESS: ______________________

______________________ PHONE: ______________________

Application for Participation in Special Olympics

Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement

Unified Sports® Partner

PROGRAM: ____________________

Athlete Social Security Number ________ - ______ - ________ Sex/Gender ________

Athlete Name ____________________ Date of Birth (month, day, year) ____/____/____

Address ____________________ Home Phone (_____) ______-________

____________________ Work Phone (_____) ______-________

Parent/Guardian Name ____________________

Address (If different from athlete.) ____________________

____

Emergency Contact (If other than parent/guardian.) ____________________ Home Phone (_____) ______-________

Health/Accident Company ____________________ Policy # ____________________

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 that may be caused by my own action 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 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, indemnity, covenant no 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 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 Releasees, I will indemnify, save, and hold harmless each of the Releasees 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 ________

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:

1)Name____________________ Relationship____________ Address or Phone Number____________________

2)Name____________________ Relationship____________ Address or Phone Number____________________

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 volunteer 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 activities of Special Olympics.

Signature of Unified Sports® Partner ____________________ Date ________

Signature of Parent or Guardian if Unified Sports® Partner is a minor ____________________ Date ________

SPECIAL OLYMPICS OHIO
Youth "A" VOLUNTEER APPLICATION

Directions: Youth "A" Volunteers are between the ages of 14 and 17 years old and involved with Special Olympics Athletes on a regular personal basis. Youth "A" Volunteers fill roles such as Unified Sports Partners, youth coaches or Local Program assistants. Youth "A" Volunteer Applicants must complete this Application and have it signed by a parent or guardian.

Name: Mr./Ms. ____

last name first name initial

Mailing Address: ____

number street apt.

____

city county state zip

Phone (day): ____________________ Date of Birth: ____________________

Are you a student? (Circle one) Yes No

If Yes, School Name: ____

____

number street

____

city county state zip

____________________ ____________________ ____________________

SSN Drivers License Number Other - indicate

What is the name of the Local Special Olympics Program you will volunteer with? ____________________

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, assault? yes ______ no ______
4. Has your driver's license ever been suspended or revoked in any state? yes ______ no ______

If you answered yes to any of these questions, please explain in more detail to include, but not limited to: Locations and dates of incidents, charges, disposition.

____

____

List 2 non-family references:

Name	Relationship	Address & Phone Number

I have read, understand, and agree to the provisions on the back of this form.

Applicant's Signature ____________________ Date ____________

Parent/Guardian Sign. ____________________ Date ____________

THIS FORM IS CONFIDENTIAL AND MUST BE FILED IN A SECURED AREA

PLEASE READ BEFORE SIGNING

I understand that:

* In the course of volunteering for Special Olympics, you may become aware of personal information, and you agree to keep said information in the strictest confidence.

* You grant Special Olympics Ohio permission to use your likeness, voice and words in television, radio, film or any form to promote activities of Special Olympics.

*You understand that the relationship between Special Olympics Ohio and volunteers is an "at will" arrangement and that it may be terminated at any time, without cause, by the applicant or Special Olympics Ohio.

*You will notify Special Olympics Ohio of any change to the information you have provided on this Application within 90 days of its occurrence.

*If you, the Applicant, wishes to be a Unified Sports Partner, you must also sumit a Unified Sports Partner Consent Form.

*SPECIAL OLYMPICS SHALL NOT DISCRIMINATE AGAINST APPLICANTS ON THE BASIS OF AGE, RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, CREED OR DISABILITY.

SPECIAL OLYMPICS OHIO
ADULT "A" VOLUNTEER APPLICATION

Name: Mr/Mrs/Ms/Dr. ______________________________

last name | first name | middle name

Mailing Address: ______________________________

number | street | apt.

____

city | county | state | zip

Date of Birth: ______________________________

Phone (day): ______________________ when to call ______________

Phone (evening): ______________________ when to call ______________

Occupation: ______________________________

Employer/School Name: ______________________________

____

number | street

____

city | county | state | zip

______________ Social Security Number* | ______________ Drivers License Number | ______________ Other - Indicate

What is the name of the Local Special Olympics Organization you will volunteer with?

____

IMPORTANT NOTE: Your Social Security Number shall be used for no purpose other than to make the process of conducting a background search accurate.

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, assault? yes ________ no ________
4. Has your driver's license ever been suspended or revoked in any state? yes ________ no ________

If you answered yes to any of these questions, please explain in more detail to include, but not limited to: Locations and dates of incidents, charges, disposition.

____

____

____

List 2 non-family references:

Name	Relationship	Address & Phone Number

THIS FORM IS CONFIDENTIAL AND WILL BE FILED IN A SECURED AREA

(Please turn over and complete)

ASE READ BEFORE SIGNING

erstand that:

*I understand that in connection with my application to provide services as a volunteer, and/or for continuous volunteer services for Special Olympics Ohio ("SOO"), IntelliCorp and/or Securint, their agents, or any other authorized third parites(collectively, "the Investigators") may be performing, requesting, obtaining or conducting a background check on me. This background check may include an inquiry into my employment history, education, general character or reputation, work experience, driving, and/or criminal history (the"Information"). However, unless my position involves handling money and/or other transferable monetary instruments, my credit history will not be checked.

*I understand that SOO may rely on any part or all of this Information in determining whether to extend an offer of volunteer's duties to me. I further understand that if any adverse action is taken by SOO, or if SOO chooses not to extend an offer of volunteer duties to me based upon the Information, that I will be provided a copy of such Information along with a summary of my rights under the Fair Credit Reporting Act.

* I understand that the background check, which may be performed by the Investigators, is being performed as part of the process to evaluate me prior to my becoming a volunteer for SOO and is not conducted for

*I expressly grant permission to Special Olympics to conduct a criminal background and other background record check as a condition of my volunteering with Special Olympics and understand that the background check will be conducted again on or after the third anniversary of the date of this application and every three years thereafter unless I am no longer seeking Adult "A" Volunteer status.

*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 relaitonship 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 activities of Special Olympics;

*I hereby agree to supplement my responses in this application should there be any additional information or should my answers to these questions change at any time that I act as a volunteer on behalf of Special Olympics;

*I agree to assume all risks which may be associated with my acting as a volunteer for Special Olympics and waive all claims or causes of action of any nature against Special Olympics, their agents or assigns which may arise out of my acting as a volunteer. I hereby release and agree to indemnify and hold harmless Special Olympics, their agents or assigns, from any liability or responsibility for any damage or loss of a of any kind whatsoever which may arise in the consideration of this application to act as a volunteer or consistent with my actions as a volunteer should this application be approved;

*SPECIAL OLYMPICS SHALL NOT DISCRIMINATE AGAINST APPLICANTS ON THE BASIS OF AGE, RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, CREED OR DISABILITY.

I hereby certify that the above responses are true and accurate and I understand the condition herein.

ned: ______________________ Date: ____________