

**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:** \_\_\_\_\_

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 # \_\_\_\_\_

**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 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, 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 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 \_\_\_\_\_

**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 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 \_\_\_\_\_