



This is a permanent form that must be completed before a Partner participates in Special Olympics training or competition

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|--|---------|------------|---------------|----------------|--|
| Section A - UNIFIED SPORTS® PARTNER INFORMATION | | | | | |
| Name (First-Last): | | | Delegation: | | |
| Date of Birth: | Gender: | Day Phone: | | Cell Phone: | |
| Address: | | City: | State: | Zip: | |
| Email: | | | | | |
| Health/Accident Insurance Company: | | | | Policy Number: | |
| Section B - PARENT OR GUARDIAN INFORMATION FOR UNIFIED SPORTS® UNDER 18 YEARS OF AGE | | | | | |
| Name (First-Last): | | | | | |
| Address: | | City: | State: | Zip: | |
| Home Phone: | | Work Phone | | Cell Phone: | |
| Email: | | | | | |
| Section C - EMERGENCY CONTACT (IF DIFFERENT THAN PARENT OR GUARDIAN) | | | | | |
| Name: | | | Phone Number: | | |
| Section D - HEALTH ADVISORIES | | | | | |
| Please list below any pertinent health information (i.e. allergies, etc.): | | | | | |
| Section E - SPECIAL OLYMPICS RELEASE STATEMENT | | | | | |
| <p>In consideration of participation in Special Olympics Unified Sports®, I represent that I understand (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 action or interactions, by 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 loses, costs, and/or damages I (and/or my minor child) may incur as a result of my (and/or my minor child) 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.</p> <p>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 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.</p> <p>I (and/or my minor child) release, indemnify, covenant not to sue and hold harmless Special Olympics, its administration, directors, agents, officers, volunteers, employees and other Unified Sports® participants, sponsors, advertisers, and if applicable any owners and lessors of premises on which the activity takes place from all liability and 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 claims 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 coast which may incur as a result of such claim.</p> <p>I verify that I have been briefed regarding the rules & philosophy of Unified Sports ® & accept my role as a teammate & will participate fully within the spirit of sportsmanship & team players in the following Special Olympics Code of Conduct for Unified Sports:</p> <ul style="list-style-type: none"> • I will practice good sportsmanship, acting in ways that bring respect to me, coaches, my team and Special Olympics • I will not use bad language, not swearing or insulting other persons • I will not fight with athletes, other partners, coaches, volunteers or staff • I will train regularly, learning and following rules of my sport • I will listen to my coaches, officials and ask questions when I do not understand • I will always try my best during training , divisioning and competitions • I will not make inappropriate or unwanted physical, verbal or sexual advances on others • I will not smoke in non-smoking areas, drink alcohol or use illegal drugs at Special Olympics events. I will not take drugs for the purpose of improving my performance • I will obey all laws and Special Olympics and National Federation/Governing Body rules for my sport(s) | | | | | |
| Section F - Signatures | | | | | |
| <p>I have read Section E and fully understand it. I also understand that :</p> <ul style="list-style-type: none"> • the information that I have provided is current and I give permission to Special Olympics to make inquiry of others concerning my suitability to act as a Special Olympics Unified Sports ® Partner • 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' agreement, 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 word in television, radio, or in any form to promote activities of Special Olympics. | | | | | |
| Signature of Unified Sports Partner: | | | | Date: | |
| Signature of Parent/Guardian of Minor Unified Sports Partner: | | | | Date: | |