

Unified Sports® Partner Form

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

Agency Name _____ Agency Number _____
Name _____ Email address _____
Gender: Male Female SSN _____ Date of Birth _____
Address (Complete) _____ City _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Parent/Guardian Name _____ Parent/Guardian Email address _____
Home Phone _____ Work Phone _____ Cell Phone _____
Emergency Contact Person _____ Phone _____
Health Insurance Company _____ Policy # _____

HEALTH HISTORY

	<u>Circle One</u>			<u>Circle One</u>	
1. Heart Disease/heart defect/high blood pressure	Yes	No	11. Deaf/complete hearing loss	Yes	No
2. Chest pain	Yes	No	12. Bone or joint problems	Yes	No
3. Seizures/epilepsy/fainting spells	Yes	No	13. Special Diet	Yes	No
4. Diabetes	Yes	No	14. Asthma	Yes	No
5. Concussion or serious head injury	Yes	No	15. Tobacco Use	Yes	No
6. Major surgery or serious illness	Yes	No	16. Easy Bleeding	Yes	No
7. Heat stroke/exhaustion	Yes	No	17. Emotional/psychiatric/behavioral	Yes	No
8. Visual impairment/contact lenses/glasses	Yes	No	18. Sickle cell trait or disease	Yes	No
9. Blind	Yes	No	19. Immunizations up to date	Yes	No
10. Hearing impaired	Yes	No			

Allergies _____

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 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, which may be caused by my own actions or inactions, by the action 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 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 require 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.

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 medical accident benefit), demands, costs, or damages 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 Release, I will indemnify, save, and hold harmless each of the Release from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

Please read before signing- I understand:

- the information 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 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 any form to promote activities of Special Olympics

Signature of Unified Sports® Partner _____

Date _____

Signature of Parent/Guardian if Unified Sports® Partner is under the age of 18 _____

Date _____

This form must be submitted with a Class A volunteer form and a copy of a valid driver's license or other state-issued ID.