

UNIFIED SPORTS® PARTNER APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS

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

DEMOGRAPHICS			
PROGRAM/TEAM	_____		
Unified Sports® Partners Name	_____	<input type="checkbox"/> Male	Date of Birth (month/day/year) ____/____/____
Unified Sports® Partners Address	_____	<input type="checkbox"/> Female	Unified Sports® Partners Home Phone # () _____
City _____ State _____ Zip _____	_____	Unified Sports® Partners E-mail _____	Unified Sports® Partners Mobile # () _____
Parent/Guardian Name	_____	Parent/Guardian Phone # () _____	Emergency Number () _____
Emergency Contact	_____	Health Insurance Policy # _____	
Unified Sports® Partners Health Insurance Co	_____		

HEALTH HISTORY							
Yes	No		Yes No				
<input type="checkbox"/>	<input type="checkbox"/>	Heart disease / heart defect / high blood pressure	<input type="checkbox"/> <input type="checkbox"/> Allergy:				
<input type="checkbox"/>	<input type="checkbox"/>	Chest pain	Medicines: _____				
<input type="checkbox"/>	<input type="checkbox"/>	Seizures / epilepsy/fainting spells	Food: _____				
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	Insect stings/bites: _____				
<input type="checkbox"/>	<input type="checkbox"/>	Concussion or serious head injury	<input type="checkbox"/> <input type="checkbox"/> Special diet				
<input type="checkbox"/>	<input type="checkbox"/>	Major surgery or serious illness Description:	<input type="checkbox"/> <input type="checkbox"/> Asthma				
<input type="checkbox"/>	<input type="checkbox"/>	Heat stroke / exhaustion	<input type="checkbox"/> <input type="checkbox"/> Tobacco use				
<input type="checkbox"/>	<input type="checkbox"/>	Blindness / visual problem	<input type="checkbox"/> <input type="checkbox"/> Easy bleeding				
<input type="checkbox"/>	<input type="checkbox"/>	Contact lenses / glasses	<input type="checkbox"/> <input type="checkbox"/> Emotional / psychiatric / behavioral				
<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss / hearing aid	<input type="checkbox"/> <input type="checkbox"/> Sickle cell trait or disease				
<input type="checkbox"/>	<input type="checkbox"/>	Bone or joint problem	<input type="checkbox"/> <input type="checkbox"/> Immunizations up to date				
			<input type="checkbox"/> <input type="checkbox"/> Utilizes Wheelchair				
			Electric _____				
			Manual _____				
Date of most recent tetanus immunization ____/____/____							
Medications: Please print medication name, amount, date prescribed and number of times per day medication is given.							
Medication Name	Dosage	Date Prescribed	Times per day	Medication Name	Dosage	Date Prescribed	Times per day

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 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 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 that 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 Releases, 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

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VOLUNTEER INFORMATION/ APPLICATION

- | | | |
|--|------------|-----------|
| 1. Do you use illegal drugs? | <u>Yes</u> | <u>No</u> |
| 2. Have you ever been convicted of a criminal offense? | <u>Yes</u> | <u>No</u> |
| 3. Have you ever been charged with neglect, abuse or assault? | <u>Yes</u> | <u>No</u> |
| 4. Has your driver's license ever been suspended or revoked in any state? | <u>Yes</u> | <u>No</u> |
| 5. Have you been convicted of reckless driving or of a D.U.I. in the past 7 years? | <u>Yes</u> | <u>No</u> |

If applicant is under 18, 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, 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 to 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 activities of Special Olympics.

Signature of Unified Sports® Partner

Date

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

Date

If applicant is 18+, please also complete and submit the WAIVER form for a background check.