

APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS CONNECTICUT
 Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement
Unified Sports® Partner

UNIFIED SPORTS® PARTNER INFORMATION

LOCAL PROGRAM:

Name (First – Last):

Date of birth: ____/____/____

Gender ____Male
 ____Female

Phone: ()

Street:

Mobile: ()

City:

State:

ZIP Code:

E-Mail:

PARENT OR GUARDIAN INFORMATION FOR UNIFIED SPORTS®PARTNERS UNDER 18 YEARS OF AGE

Name

Address (if different than above)

City

State:

ZIP Code:

Phone Home:

Work:

Mobile:

E-Mail

EMERGENCY CONTACT (IF DIFFERENT THAN PARENT OR GUARDIAN)

Name:

Phone:

HEALTH ADVISORIES: Please list below any pertinent health information (i.e. allergies, etc.)

Height_____ Weight_____

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 acknowledge that Special Olympics events may involve overnight activities and that the housing arrangements for each event may differ. I understand that I should contact the Special Olympics Program in my jurisdiction if I have any questions about housing arrangements for a specific event or the housing policy in general.

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/Guardian of Minor Unified Sports® Partner

Date

PLEASE READ BEFORE SIGNING- THIS FORM MUST BE SIGNED AND DATED TO BE CONSIDERED VALID

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 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 words in television, radio, film, 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: