

application for participation in special olympics unified sports®

Consent and Waiver of Liability, Assumption of Risk and Indemnity Agreement Unified Sports® Partner

This form needs to be resubmitted once every three years in compliance with Special Olympics volunteer screening and background check requirements.

Delegation: _____ Area: _____

section a: unified partner information

Unified Partner Name _____
Unified Partner Social Security #: _____
Address: _____
City: _____ State: _____ Zip: _____
Unified Partner E-mail Address: _____
Parent/Guardian Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Emergency Contact: _____
Health/Accident Insurance Company: _____

Gender: _____
Date of Birth (Month/Day/Year): _____ / _____ / _____
Day Phone: (_____) _____
Evening Phone: (_____) _____
Parent E-mail Address: _____
Day Phone (Mother): (_____) _____
Day Phone (Father): (_____) _____
Evening Phone: (_____) _____
Day/Evening Phone: (_____) _____
Policy Number: _____

special olympics consent 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 the 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 (and/or my minor child) am (are/is) not able to give my consent for or make my own arrangement for that treatment because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my (my minor child's) 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 medical accident benefits), 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 "Consent 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 "Consent and Waiver of Liability, Assumption of Risk, and Indemnity Agreement" and fully understand it.

Signature of Unified Sports® Partner _____

Date _____

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

Date _____

section b: volunteer information – background check

Yes No
 Do you use illegal drugs?
 Have you ever been convicted of a criminal offense?

Yes No
 Have you ever been charged with neglect, abuse or assault?
 Has your driver's license ever been suspended or revoked in any state?

Youth Volunteer Applicants (age 17 or under) must complete this Application and have it signed by a parent or guardian, and they must also submit two signed Reference Forms from non-family adults. One of the Reference Forms must be signed by a school official.

PLEASE READ BEFORE SIGNING - I understand that:

The information that I have provided will be verified, and I give permission to Special Olympics Minnesota to make an inquiry of others concerning my suitability to act as a Special Olympics volunteer.

I am required to provide a copy of a government-issued photo identification attached to this Unified Sports® Application and prior to each competition and/or special event at which I am volunteering.

I hereby authorize any person to release any information about me concerning my suitability to act as a Special Olympics volunteer as such person deems relevant in his or her sole discretion.

I do not have to agree to this background check, but that refusal to do so will exclude me from consideration for most types of volunteer work with this organization.

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.

In the course of volunteering for Special Olympics, I may be dealing with vulnerable people and will be held to strict parameters of interaction with them.

The relationship between Special Olympics and volunteers is an "at will" arrangement and 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 if Unified Sports® Partner is a Minor _____

Date _____

I am over 18 years of age and have attached a copy of the government issued identification card with photo; OR,
 I am age 17 or under and have attached two reference letters as outlined in Section B of this form.