



APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS

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

UNIFIED SPORTS® PARTNER



SECTION A – PARTNER INFORMATION

PROGRAM: Wood County Special Olympics

Partner Social Security Number, Sex/Gender, Date of Birth, Partner Name, Address, City, State, Zip Code, Parent/Guardian Name, Health/Accident Company, Home Phone, Work Phone, Policy #

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.

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 Releases 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

VOLUNTEER INFORMATION/APPLICATION

- 1) Do you use illegal drugs? Yes No
2) Have you ever been convicted of a criminal offense? Yes No
3) Have you ever been charged with neglect, abuse or assault? Yes No
4) Has your driver's license ever been suspended or revoked in any state? Yes No

Table with 3 columns: Name, Relationship, Address or Phone Number. Rows for 1) and 2) non-family references.

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 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 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