

Youth Unified Partner(Under 18)

- This form must be completed and an approval letter received before any Youth/Unified Partner participates in a Special Olympics activity.

Part 1 - General Information (please print)

DELEGATION: _____ CONTACT: _____
 First: _____ Middle: _____ Last: _____
 Registered Address: _____ City: _____, AZ Zip Code: _____
 Gender: ☐ Female ☐ Male DOB: _____ Age: _____ School: _____
 Parent/Guardian: _____ Day Phone: _____
 E-mail: _____ Cell Phone: _____
 Emergency Contact: _____ Phone: _____
 Medical History (Please list all allergies and medical conditions): _____

Part 2 - Special Olympics Release and Waiver of Liability

- In consideration of participating in Special Olympics Unified Sports®, I represent I understand the nature of the event and I am 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 participation. I acknowledge at any time I feel the event conditions are unsafe, I will discontinue participation immediately.

- If during my participation in Special Olympics activities, I should need emergency medical treatment and I am 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 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 I may incur as a result of participation in Unified Sports® events and further agree 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 and agree to the correct code of conduct which refers to the volunteer position I am applying for (ex: Coaches Code of Conduct, Volunteer Code of Conduct, Unified Code of Conduct, Code of Conduct Compliance Policy etc.)

- I, the Parent/Guardian of this youth volunteer, hereby give my permission for this youth volunteer to participate in Special Olympics games, training, recreation programs and physical activity program. By signing, I agree to the provisions of this release.

- I understand the nature and risk of concussion and head injuries, including the risks of continuing to play after concussion or head injury. I acknowledge that Special Olympics has a concussion awareness and safety recognition policy that may require an athlete/partner to seek medical attention from a medical professional in the event of a suspected concussion. Any athlete/partner suspected of sustaining a concussion will not be permitted to return to Special Olympics sports activities until written medical clearance is provided and at least 7 days have passed since the date of the suspected injury. I further acknowledge that additional information regarding concussions may be found on the Centers for Disease Control Heads Up website at <http://www.cdc.gov/headsup/youthsports/index.html>

X _____
 Guardian Signature Print Name Date

Part 3 - HOD/ Head Coach Reference

By signing, I confirm the following: I know _____ (Name of Applicant) in either a personal or professional capacity.

I am at least 18 years of age and am not a legal guardian or relative of the applicant. I am not aware of any reason the applicant should not be permitted to volunteer on behalf of Special Olympics. I do not possess any information which would cause me to believe the applicant would pose any undue risk to Special Olympics athletes or others who participate in Special Olympics.

 HOD/Head Coach Signature

 Date

Please submit application to your local head of delegation/head coach.
www.SpecialOlympicsArizona.org

**WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION
AGREEMENT FOR COMMUNICABLE DISEASES
("Agreement") for
SPECIAL OLYMPICS**

In consideration of being allowed to participate in any way in Special Olympics sports training, competition or fundraising activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to an illness from infectious and/or communicable diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Special Olympics, Inc, Special Olympics Arizona their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Participant: _____ Participant Signature: _____

Date signed: _____ Participant DOB: _____ Delegation: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____ Signature of parent/guardian: _____

Date signed: _____ Delegation: _____