Special Olympics Oregon

UNIFIED SPORTS© PARTNER APPLICATION

APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS OREGON

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

(This form to be used in conjunction with the Class A Volunteer Application.)

Last Name **Legal First Name** (Put nickname in parenthesis) **Middle Name**

Street Address **Apt. #** **County**

City **State** **Zip**

( ) **Home Phone** ( ) **Work Phone** ( ) **Cell Phone**

Date of Birth **Email** **Gender:** ❒Male ❒ Female

Emergency Contact: Name **Relationship** **Phone**

Please ✓ all below that apply to you and fill-in information as indicated:

___ Use a wheel chair
___ Heart disease/heart defect/high blood pressure (circle)
___ Chest pain
___ Seizures/epilepsy/fainting spells (circle)
___ Diabetes
___ Concussion or serious head injury
___ Major surgery/serious illness
___ Heat stroke/exhaustion
___ Blindness/visual problem (other than glasses)
___ Contact lenses/glasses
___ Hearing loss/hearing aid
___ Bone or joint problem
___ Allergies?
Misc:_____
Medicines: _____
Food: _____
Insect sting/bite: _____
___ Special Diet _____
___ Asthma
___ Tobacco use
___ Easy bleeding
___ Emotional/psychiatric/behavior issues
___ Sickle cell trait or disease
___ Immunizations current
___ Do you regularly take medications? If yes, please list (use a separate sheet if necessary)

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, 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 medial 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 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