



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:

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

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

Attach this form to your completed Class A Volunteer Application.