

ATHLETE RELEASE FORM



RELEASE TO BE COMPLETED BY ADULT ATHLETE

I, _____ am at least 18 years old and have completed the application for participation in Special Olympics.

-I represent and warrant that, to the best of my knowledge and belief, I am physically and mentally able to participate in Special Olympics activities. I also represent that a licensed medical professional has reviewed the health information contained in my application and has certified, based on an independent medical examination, that there is no medical evidence that would preclude me from participating in Special Olympics. I understand that if I have Down Syndrome, I cannot participate in sports or events which, by their nature, result in hyper-extension, radical flexion or direct pressure on my neck or upper spine unless I and two physicians have completed the official "Special Release for Athletes with Atlanto-Axial Instability" form, which establishes the absence of Atlanto-Axial Instability, I must have the radiological examination before I can participate in equestrian sports, gymnastics, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, and soccer.

-Special Olympics has my permission forever to use my likeness, name, voice or words in either television, radio, film, newspapers, magazines, and other media and in any form, for the purpose of publicizing, promoting or communicating the purposes and activities of Special Olympics and/or applying for funds to support these purposes and activities. I understand that information gathered as part of the Healthy Athletes Program screening process may be used in group form (anonymously) to assess and communicate the overall health needs of athletes and to develop programs to address those needs.

-I understand that by signing below I consent to participate in the Special Olympics Healthy Athletes Program that provides individual screening assessments of health status and health care needs in the areas of: vision; oral health; hearing; physical therapy; and a variety of health promotion areas (height, weight, sun protection, etc.). I understand there is no obligation for me to participate in the Healthy Athletes Program and that I may decide not to participate. Provision of these health services is not intended as a substitute for regular care. I also understand that I should seek my own independent medical advice and assistance irrespective of the provisions of these services and that Special Olympics is not through the provision of these provisions responsible for my health.

-I acknowledge that Special Olympics events may involve overnight activities and that housing arrangements for each event may differ. I understand that I should contact the Special Olympics program in my jurisdiction if I have any questions about housing arrangements for a specific event or the housing policy in general.

-If, during my participation in Special Olympics activities, I should need emergency medical treatment, and I am not able to give my consent or make my own arrangements for that treatment for any reason, I authorize Special Olympics to take whatever measures it deems necessary to protect my health and well-being, including, if necessary, hospitalization **(IF YOU HAVE RELIGIOUS OBJECTIONS TO RECEIVING SUCH MEDICAL TREATMENT, PLEASE CONTACT THE CHAPTER OFFICE AT (505) 856-0342 FOR A RELIGIOUS OBJECTION FORM)**

I, the athlete named above, have read this paper and fully understand the provisions of the release that I am signing. I understand that by signing this paper, I am saying that I agree to the provisions of this release.

Signature of Adult Athlete

Date

I hereby certify that I have reviewed this release with the athlete whose signature appears above. I am satisfied based on the review that the athlete understands this release and has agreed to its terms.

Name (Print) _____

Relation to Athlete _____

RELEASE TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR ATHLETE

I am the parent/guardian of _____, the minor athlete, on whose behalf I have submitted the completed application for participation in Special Olympics. The athlete has my permission to participate in Special Olympic activities.

-I further represent and warrant that to the best of my knowledge and belief, the athlete is physically and mentally able to participate in Special Olympics. With my approval, a licensed medical professional has reviewed the health information set forth in the athlete's application, and has certified based on an independent medical examination, that there is no medical evidence, which would preclude the athlete's participation. I understand that if the athlete has Down Syndrome, he/she cannot participate in sports or events which, by their nature, result in hyper-extension, radical flexion or direct pressure on the neck or upper spine unless I and two physicians have completed the official "Special Release for Athletes with Atlanto-Axial Instability" form. Available in this Athlete's Application for Participation form. I am aware that if I choose not to complete the "Special Release for Athletes with Atlanto-Axial Instability" form which establishes the absence of Atlanto-Axial Instability, the athlete must have the full radiological examination before he/she can participate in equestrian sports, gymnastics, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, and soccer.

-In permitting the athlete to participate, I am specifically granting my permission forever to use the athlete's likeness, name, voice or words in either television, radio, film, newspapers, magazines, and other media and in any form, for the purpose of publicizing, promoting or communicating the purposes and activities of Special Olympics and/or applying for funds to support these purposes and activities. I understand that information gathered as part of the Healthy Athletes Program screening process may be used in group form (anonymously) to assess and communicate the overall health needs of athletes and to develop programs to address those needs.

-By signing below, I am also permitting the athlete to participate in the Special Olympics Healthy Athletes Program that provides individual screening assessments of health status and health care needs in the areas of: vision; oral health; hearing; physical therapy; and a variety of health promotion areas (height, weight, sun protection, etc.). I understand that notwithstanding my consent, there is no obligation for the athlete to participate in the Healthy Athletes Program and that I may decide that the athlete will not participate. Provision of these health services is not intended as a substitute for regular care. I also understand that the athlete should seek his/her own independent medical advice and assistance irrespective of the provisions of these services and that Special Olympics is not through the provision of these services is not making itself responsible for the athlete's health.

-I acknowledge that Special Olympics events may involve overnight activities and that housing arrangements for each event may differ. I understand that I should contact the Special Olympics program in my jurisdiction if I have any questions about housing arrangements for a specific event or the housing policy in general.

-If a medical emergency should arise during the athlete's participation in any Special Olympics activities, at a time when I am not personally present so as to be consulted regarding athlete's care, I hereby authorize Special Olympics, on my behalf, to take whatever measures it deems necessary to ensure that the athlete is provided with any emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the athlete's health and well-being. **(IF YOU HAVE RELIGIOUS OBJECTIONS TO RECEIVING SUCH MEDICAL TREATMENT, PLEASE CONTACT THE CHAPTER OFFICE AT (505) 856-0342 FOR A RELIGIOUS OBJECTION FORM)**

I am the parent (guardian) of the athlete named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the athlete. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the athlete named above. I hereby give my permission for the athlete named above to participate in Special Olympics games, recreation programs, and physical activity programs.

Signature of Parent/Guardian

Date