

APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS NORTH DAKOTA
Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement

UNIFIED SPORTS® PARTNER

UNIFIED PARTNER INFORMATION

PROGRAM _____

Unified Partner Name _____

Address _____

Parent/Guardian Name _____

Address (if different than athlete) _____

Emergency contact (if different than parent/guardian) _____

Health/Accident Insurance Company _____

Sex/Gender _____ Date of Birth (month/day/year) _____

Home Phone _____

Work Phone _____

Home Phone _____

Home Phone _____

Policy Number _____

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 that 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 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 the 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 the 'Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement,' I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

I have read the 'Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement' and fully understand it.

Signature of Unified Sports® Partner (18 years or older) _____

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 _____ |

List 2 non-family references (required):

Name	Relationship	Address or Phone Number
1) _____	_____	_____
2) _____	_____	_____

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 _____