



**ADULT ATHLETE RELEASE FORM**  
**TO BE COMPLETED BY AN ATHLETE WHO SIGNS ON HIS OR HER OWN BEHALF**

I, \_\_\_\_\_ am at least 18 years old and I have completed an application for participation in Special Olympics.

1. a) I state that I am physically and mentally able to participate in Special Olympics activities.  
b) I understand that if a doctor has found problems with my neck (Atlanto-Axial Instability) I will only be allowed to participate in Special Olympics sports if:
  - I have another examination and the doctor who checks me for my neck problems says I am able to participate and I sign a form to say I understand what the doctor has told me.
2. Special Olympics has my permission to use my photograph, video, name and voice or words to promote Special Olympics.
3. I agree to participation in Healthy Athletes. If I change my mind, I do not have to go to Healthy Athletes
4. I know that Special Olympics activities may mean that I sometimes have to stay overnight in a hotel, hostel or someone else's home. If I have any questions about this I will ask the Special Olympics Program staff or volunteers.
5. If I need emergency medical care while I am participating in Special Olympics, I give permission to Special Olympics to do whatever may be necessary to protect my health and well-being, which may include taking me to a hospital.

I understand and have read this release and by signing below I say that I agree to this release.

Signature of Athlete: \_\_\_\_\_

Witness (if signed with a Mark): \_\_\_\_\_

Date: \_\_\_\_\_



## ATHLETE RELEASE FORM

### RELEASE TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN OF AN ATHLETE WHO IS UNDER 18 YEARS OF AGE OR IS OVER 18 AND HAS A LEGAL GUARDIAN

I am the parent/guardian of \_\_\_\_\_, the minor Athlete, on whose behalf I have completed the attached application for participation in Special Olympics. The Athlete has my permission to participate in Special Olympics 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 licensed medical professional has detected symptoms that might result from spinal cord compression, including Atlanto-axial Instability, then the Athlete will only be permitted to participate in Special Olympics sports training and competition if the Athlete has a thorough neurological evaluation from a physician who certifies that the Athlete may participate and I have signed a consent acknowledging that I have been informed of the findings of the physician.

In permitting the Athlete to participate, I am specifically granting my permission, forever, to Special Olympics to use the Athlete's likeness, name, voice and words in 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 those purposes and activities.

By signing below, I also permit the Athlete to participate in the Special Olympics Healthy Athletes Program, which provides individual screening assessments of health status and health care needs in the areas of: vision; oral health; hearing; physical therapy; podiatry; medicine; and a variety of health promotion areas (height, weight, sun protection, etc.). 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 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. I understand that 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 medical advice and assistance irrespective of the provision of these services and that Special Olympics, through providing these services, is not responsible for the Athlete's health.

I acknowledge that Special Olympics events may involve overnight activities and that the 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 the Athlete's care, I hereby authorize Special Olympics, on my behalf, to take whatever measures are necessary to ensure that the Athlete is provided with any emergency medical treatment, including hospitalization, that 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 CROSS OUT THIS PARAGRAPH, INITIAL IT AND SIGN AND ATTACH THE SPECIAL PROVISIONS REGARDING MEDICAL TREATMENT FORM)**

I am the parent and/or guardian of the Athlete named in this application. I have read and fully understand the provisions of the above release, and have explained the contents to the Athlete. Through my signature on this release form, I agree 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