



**AUTHORIZATION, CONSENT AND RELEASE**

**(SPECIAL RELEASE CONCERNING SPINAL CORD COMPRESSION AND/OR  
SYMPTOMATIC ATLANTO-AXIAL INSTABILITY)**

Prior to my participation in Special Olympics training and competition, I have been examined by a licensed medical professional.

I understand and acknowledge that the examination has indicated certain symptoms that might be the result of spinal cord compression, including symptomatic Atlanto-axial instability.

I have received a thorough neurological evaluation by a physician qualified to state that the cause of my symptoms will not result in additional risk of neurological injury due to my participation in sports, and who has certified that I may participate in Special Olympics without restrictions.

I acknowledge that I have been informed of the findings and determinations of the physician.

I hereby release and hold harmless Special Olympics from any and all claims and demands of any nature whatsoever which I may have now or hereafter in connection with this Authorization, Consent and Release.

I am of full age and have the right to contract in my own name. I have read the above and fully understand the contents. This Authorization, Consent and Release shall be binding upon me and my heirs and legal representatives.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**AUTHORIZATION, CONSENT AND RELEASE**

**(SPECIAL RELEASE CONCERNING SPINAL CORD COMPRESSION AND/OR SYMPTOMATIC ATLANTO-AXIAL INSTABILITY)**

I am the legal guardian of the individual named below (the "Athlete"). Prior to my Athlete's participation in Special Olympics training and competition, Athlete has been examined by a licensed medical professional.

I understand and acknowledge that the examination has indicated certain symptoms that might be the result of spinal cord compression, including symptomatic Atlanto-axial instability.

Athlete has received a thorough neurological evaluation by a physician qualified to state that the cause of those symptoms will not result in additional risk of neurological injury due to participation in sports, and who has certified that Athlete may participate in Special Olympics without restrictions.

I acknowledge that I have been informed of the findings and determinations of the physician.

On behalf of myself and Athlete, I hereby release and hold harmless Special Olympics from any and all claims and demands of any nature whatsoever which I or Athlete may have now or hereafter in connection with this Authorization, Consent and Release.

I am authorized to enter into this Authorization, Consent and Release on Athlete's behalf. I have read the above and fully understand the contents and have explained them to Athlete. This Authorization, Consent and Release shall be binding upon me, Athlete and our respective heirs and legal representatives.

\_\_\_\_\_  
Printed Name of Athlete

\_\_\_\_\_  
Printed Name of Guardian

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date