

SPECIAL OLYMPICS D.C.

2020 - 21

Unified Partner Form

(This should be completed by all participants of Unified Sports®)

(Return to: Special Olympics DC, 415 Michigan Avenue, NE, Ground Level, Washington, DC 20017)

Type: **Unified Partner (Student without Intellectual disability)**

Type: Player Development Recreation Competitive

First Name: _____ M.I. _____ Last Name _____

Phone: Home () _____ Cell () _____

Home Address: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Date of Birth: (Mo/Day/Yr) ____/____/____ Male/Female (circle one)

School Name: _____ Grade level _____

Emergency Contact (Name, Relationship, Phone) _____

Type of School Affiliation: Check at least one

Shirt Size – male adult sizes only

- Honor Society
- Student Council
- Youth Activation Committee
- Best Buddies
- Other

- 2X-Large
- X-Large
- Large
- Medium
- Small

Please Read Before Signing:

In consideration of participating in Special Olympics and/or Special Olympics DC Unified Sports®, I am required to uphold the mission and philosophy of Special Olympics and agree to abide by all official Special Olympics rules and policies including adherence to the applicable athlete code of conduct. Failure to (1) adhere to policies and codes of conduct or (2) meet my responsibilities may result in my immediate expulsion from the Special Olympics D.C. training session, activity, or event.

Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement

In consideration of participating in Special Olympics and/or Special Olympics DC Unified Sports®, I represent that I understand the nature of the event and that I (or my minor child) am/is qualified, in good health and in proper physical condition to participate in Special Olympics and/or Special Olympics DC Unified Sports® events. I fully understand the event may involve risks of serious bodily injury which may be caused by my (or my minor child's) own actions or inactions, by the actions of others participating in the event, or by conditions in which the event takes place. I (or my minor child) fully accept and assume all such risks and all responsibility for losses, costs, and/or damages I (or my minor child) may incur as a result of my (or my minor child's) participation. I acknowledge that at any time that if I (we) feel that the event conditions are unsafe, I (or my minor child) will discontinue participation immediately.

If during participation in Special Olympics activities I (or my minor child) should need emergency medical treatment and I (or my minor child) am/is not able to give consent for or make my own arrangements for that treatment because of my (or my minor child's) injuries, I authorize Special Olympics DC to take whatever measures are necessary to protect my (or my minor child's) health and well-being including, if necessary, hospitalization.

I (and/or my minor child) release, indemnify, covenant to sue and hold harmless Special Olympics DC, its administrators, directors, agents, officers, volunteers, employees and other 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 (or my minor child) may incur as a result of participation in Special Olympics and/or Special Olympics DC 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 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.

Special Olympics has my permission, (both during and anytime after) 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 advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities. I have read the "Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement" and fully understand and agree to it. I give my consent for the school to provide this form required for participation in the Unified Sports® or Special Olympics program.

Participant Signature: _____

Date: _____

Printed Name: _____

I am the parent/guardian of the participant named in this application. I have read and fully understand the provisions of the releases above, and have explained these provisions to the participant. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on behalf of the participant named herein. I hereby give my permission for the participant named above to participate in Special Olympics and/or Special Olympics DC Unified Sports® games, events, recreation and physical activity programs. I give my consent for the school to provide a photocopy to Special Olympics DC of all forms required for participation in the Unified Sports® or Special Olympics program.

Required for Students under the age of 18

Signature of Parent or Guardian

Date _____

Print Full Name of Parent or Guardian

<p><i>For office use only</i></p> <p><i>code</i></p>
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Both sides of this form can be e-mailed directly to rwillis@specialolympicsdc.org