



Special Olympics Athlete Release Form

Please chose one of the two options listed below:

To be signed by Adult Athlete:

I, _____, am at least 18 years old and have submitted the attached application for participation in Special Olympics South Carolina.

To be signed by a Parent, Guardian, or Conservator of Athlete (for a MINOR or incapacitated athlete):

I am the parent, guardian and/or conservator of _____, the athlete on whose behalf I have submitted the attached application for participation in Special Olympics South Carolina.

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

Special Olympics has my permission to forever use my /the athlete's likeness, name, voice, or words in either television, radio, film, newspapers, magazines, and other media, including electronic 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 these purposes and activities.

By signing below, I agree/I 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/permission, there is no obligation for me/the athlete to participate in the Healthy Athletes Program and that I may decide that I/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 I/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, during my/the athlete's participation in Special Olympics activities, I/the athlete should need emergency medical treatment, and I am not able to give consent or make my arrangements for that treatment for any reason, I authorize Special Olympics to take whatever measures are necessary to protect my/the athlete's health and well-being, including, if necessary, hospitalization. **NOTE: 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 acknowledge that participation in Special Olympics includes risk of injury that may range in severity from minor to disabling to even death. I agree to release, hold harmless and indemnify Special Olympics, its employees, officers, agents, and volunteers from any liability, loss, cost, damage and/or expense of any nature, including all attorneys' fees and costs which I may have or incur resulting, either directly or indirectly, from my/the athlete's participation in Special Olympics. For purposes of this agreement, liability means all claims, demands, losses, causes of action, suits or judgments of any and every kind that arises from my/the athlete's participation in Special Olympics.

By signing below, I acknowledge that I have read this document and fully understand the provisions of the release that I am signing. I understand that by signing this document, I am saying that I agree to the provisions of this release on my behalf and, in the case of parent, guardian, and/or conservator, also on behalf of the athlete named above.

Signature of Adult Athlete _____ Date _____

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

Name (Print) _____ Signature _____ Date _____

Signature of Parent/Guardian/Conservator _____ Date _____