

# SPECIAL OLYMPICS OKLAHOMA APPLICATION FOR PARTICIPATION

## UNIFIED SPORTS <sup>®</sup> PARTNER FORM

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

### SECTION A - SPECIAL PARTNER INFORMATION

Partner Name <input style="width: 95%;" type="text"/>	Team Name <input style="width: 95%;" type="text"/>
Partner's Age <input style="width: 100px;" type="text"/> <input type="radio"/> Male <input type="radio"/> Female	Date of Birth (mm/dd/yyyy) <input style="width: 150px;" type="text"/>
Address <input style="width: 95%;" type="text"/>	City <input style="width: 150px;" type="text"/> Zip <input style="width: 50px;" type="text"/>
Home Phone <input style="width: 150px;" type="text"/>	E-mail <input style="width: 150px;" type="text"/>
Parent/Guardian Name <input style="width: 95%;" type="text"/>	
Parent/Guardian Phone: Wk. <input style="width: 150px;" type="text"/>	Hm <input style="width: 150px;" type="text"/>
Emergency Contact <input style="width: 150px;" type="text"/>	Phone <input style="width: 150px;" type="text"/>
Health Insurance Co. <input style="width: 150px;" type="text"/>	Policy # <input style="width: 150px;" type="text"/>

### SPECIAL OLYMPICS RELEASE & WAIVER OF LIABILITY

In consideration of participating in Special Olympics Unified Sports<sup>®</sup>, I represent that I understand the nature of the event & that I (&/or my minor child) am/are/is qualified, in good health & in proper physical condition to participate in Unified Sports<sup>®</sup> events. I fully understand the event involves risks of serious bodily injury which may be caused by my own actions/inactions, by the actions of others participating in the event or by conditions in which the event takes place. I fully accept & assume all such risks & responsibility for losses, costs &/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 I/we feel the event conditions are unsafe, I or my minor child will discontinue participation immediately.

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

I &/or my minor child release, indemnify, covenant not to sue & hold harmless Special Olympics, its' administrators, directors, agents, officers, volunteers, employees & other Unified Sports<sup>®</sup> participants & sponsors, advertisers &, if applicable, any owners & lessors of premises in which activity takes place from all liability, any losses, claims (other than that of medical accident benefit), demands, costs or damages that I &/or my minor child may incur as a result of participation in Unified Sports<sup>®</sup> events & further agree that if, despite the "Release of Waiver of Liability, Assumption of Risk & Indemnity Agreement", if I or anyone on my behalf makes a claim against any of the Releases, I will indemnify, save & hold harmless each of the Releases from any litigation expenses, attorney fees, loss, liability, damage or costs which may incur as a result of such claim.

I have read this "Release & Waiver of Liability, Assumption of Risk & Indemnity Agreement" and fully understand it.

Signature of Adult Unified Sports <sup>®</sup> Partner or Parent/Guardian if Partner is a minor	Date
---	------

### HEALTH INFORMATION

List medications & dosages you are currently taking: **PLEASE PRINT NEATLY**

Medication Name <input style="width: 95%;" type="text"/>	Dosage <input style="width: 95%;" type="text"/>	Prescrip.Date <input style="width: 95%;" type="text"/>	Times Per Day <input style="width: 95%;" type="text"/>
Medication Name <input style="width: 95%;" type="text"/>	Dosage <input style="width: 95%;" type="text"/>	Prescrip.Date <input style="width: 95%;" type="text"/>	Times Per Day <input style="width: 95%;" type="text"/>
Medication Name <input style="width: 95%;" type="text"/>	Dosage <input style="width: 95%;" type="text"/>	Prescrip.Date <input style="width: 95%;" type="text"/>	Times Per Day <input style="width: 95%;" type="text"/>
Medication Name <input style="width: 95%;" type="text"/>	Dosage <input style="width: 95%;" type="text"/>	Prescrip.Date <input style="width: 95%;" type="text"/>	Times Per Day <input style="width: 95%;" type="text"/>

ALLERGIES TO MEDICATIONS - FOODS - INSECT BITES OR STINGS (150 characters)

Check Yes or No

- |                                    |  |
|------------------------------------|--|
| 1 - Heart disease                  | <input type="radio"/> Yes <input type="radio"/> No |
| 2 - High blood pressure            | <input type="radio"/> Yes <input type="radio"/> No |
| 3 - Seizures / Epilepsy / Fainting | <input type="radio"/> Yes <input type="radio"/> No |
| 4 - Diabetes                       | <input type="radio"/> Yes <input type="radio"/> No |
| 5 - Eyeglasses / Contacts          | <input type="radio"/> Yes <input type="radio"/> No |
| 6 - Hearing impairment             | <input type="radio"/> Yes <input type="radio"/> No |

RATE YOUR OVERALL HEALTH

- Excellent
- Good
- Fair
- Poor

Comments

Name of your physician

Partners must complete a Category 'A' Volunteer Application & Protective Behaviors

Dr.'s Office Phone #

**Print 2 copies** before hitting Reset. Keep 1 copy & send 1 with your entry form.