



# SPECIAL OLYMPICS PARTNER RELEASE FORM

## ATHLETE INFORMATION

LAST NAME \_\_\_\_\_ AREA \_\_\_\_\_  
 FIRST NAME \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_  
 CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
 NAME OF PARENT OR GUARDIAN \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE NO. \_\_\_\_\_

## EMERGENCY INFORMATION

PERSONS TO BE CONTACTED IN CASE OF EMERGENCY \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

## HEALTH AND ACCIDENT INSURANCE INFORMATION

COMPANY NAME \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

## HEALTH INFORMATION

HISTORY OF				
BLEEDING PROBLEMS	Y	N	BONE OR JOINT PROBLEMS	Y N
HEARING PROBLEMS	Y	N	VISION PROBLEMS	Y N
HEAD INJURY	Y	N	CONTACT LENSES/GLASSES	Y N
FAINTING SPELLS	Y	N	HEARING AID	Y N
HEART PROBLEMS	Y	N	FUNCTIONAL IMPAIRMENT	Y N
HEAT ILLNESS OR COLD INJURY	Y	N	REQUIRING SPECIAL EQUIPMENT	Y N
HERNIA	Y	N	EMOTIONAL PROBLEMS	Y N
RECENT CONTAGIOUS DISEASE	Y	N	SPECIAL DIET NEEDS	Y N
FEMALE ILLNESS OR HEPATITIS	Y	N	OTHER	Y N
PREGNANCY	Y	N		

## MEDICATIONS/IMMUNIZATIONS

MEDICATION NAME	AMOUNT	TIME	DATE PRESCRIBED
_____	_____	_____	_____

ALLERGIES TO MEDICATION \_\_\_\_\_  
 TETANUS Y \_\_\_ N \_\_\_ DATE OF LAST TETANUS SHOT \_\_\_/\_\_\_/\_\_\_ POLIO Y \_\_\_ N \_\_\_

I, \_\_\_\_\_, AM AT LEAST 18 YEARS OLD AND HAVE SUBMITTED THE ATTACHED APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS.

I REPRESENT AND WARRANT THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, I AM PHYSICALLY AND MENTALLY ABLE TO PARTICIPATE IN SPECIAL OLYMPICS ACTIVITIES.

SPECIAL OLYMPICS HAS MY PERMISSION 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.

IF, DURING MY PARTICIPATION IN SPECIAL OLYMPICS ACTIVITIES, I SHOULD NEED EMERGENCY MEDICAL TREATMENT AND AM NOT ABLE TO GIVE MY CONSENT OR MAKE MY OWN ARRANGEMENTS FOR THAT TREATMENT BECAUSE OF MY INJURIES, I AUTHORIZE SPECIAL OLYMPICS TO TAKE WHATEVER MEASURES ARE NECESSARY TO INSURE THAT I RECEIVE THE EMERGENCY MEDICAL TREATMENT WHICH SPECIAL OLYMPICS DEEMS NECESSARY TO PROTECT MY HEALTH AND WELL-BEING INCLUDING, IF NECESSARY, HOSPITALIZATION.

I, THE UNDERSIGNED, HAVE READ AND FULLY UNDERSTAND THE PROVISIONS OF THE ABOVE RELEASE AND HEREBY AGREE THAT I WILL BE BOUND THEREBY AND I SHALL DEFEND YOU AND HOLD YOU HARMLESS OF ANY DISAFFIRMATION.

\_\_\_\_\_  
 SIGNATURE OF ATHLETE DATE

I, THE UNDERSIGNED, AM PARENT (GUARDIAN) OF THE PERSON SPECIFIED. I HAVE READ AND FULLY UNDERSTAND THE PROVISIONS OF THE ABOVE RELEASE AND HAVE EXPLAINED THEM TO THAT PERSON. I HEREBY AGREE THAT I AND SAID PERSON WILL BE BOUND THEREBY AND I SHALL DEFEND YOU AND HOLD YOU HARMLESS FOR ANY DISAFFIRMATION THEREOF BY SAID PERSON.

I HEREBY GIVE MY PERMISSION FOR \_\_\_\_\_ TO PARTICIPATE IN SPECIAL OLYMPICS GAMES, RECREATION PROGRAMS, AND PHYSICAL ACTIVITY PROGRAMS.

\_\_\_\_\_  
 SIGNATURE OF PARENT/GUARDIAN FOR ATHLETES UNDER 18 DATE

