

UNIFIED SPORTS® PARTNER (for Minors)

SECTION A - PARTNER INFORMATION

PROGRAM: _____ Sex/Gender _____ Date of Birth (month/day/year) _____ / _____ / _____

Unified Partners Name: _____
 Address: _____ Home Phone _____
 _____ Cell Phone _____
 Parent/Guardian Name: _____ Primary Phone _____
 Address (if different than partner) _____
 Emergency Contact (if other than parent/guardian) _____ Primary Phone _____
 Health/Accident Company _____ Policy Number _____

SPECIAL OLYMPICS RELEASE AND WAIVER OF LIABILITY

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

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

I release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, and other Unified Sports® 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 may incur as a result of my minor child's participation in 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.

We have read this 'Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement' and fully understand it.

 Signature of Unified Sports® Partner _____ Date _____

 Signature of Parent or Guardian of Minor Unified Sports® Partner _____ Date _____

VOLUNTEER INFORMATION/APPLICATION

1) Do you use illegal drugs Yes _____ No _____

2) Have you ever been convicted of a criminal offense? Yes _____ No _____

3) Have you ever been charged with neglect, abuse or assault? Yes _____ No _____

4) Has your driver's license ever been suspended or revoked in any state? Yes _____ No _____

*If you answered "yes" to any question, attach an explanation giving date, location and nature of disposition for any offense.
 A conviction will not necessarily disqualify you from volunteering with Special Olympics North Carolina.

List 2 non-family references:

Name	Relationship	Address or Phone Number
1) _____	_____	_____
2) _____	_____	_____

PLEASE READ BEFORE SIGNING – (both minor Unified Partner and Parent must sign above and below)

I understand that:

- the information that I have provided may be verified, and I give permission to Special Olympics to make inquiry of others concerning my minor child's suitability to act as a Special Olympics volunteer;
- in the course of volunteering for Special Olympics, my minor child may be dealing with confidential information and they agree to keep said information in the strictest confidence;
- the relationship between Special Olympics and volunteers is an 'at will' arrangement, and it may be terminated at any time without cause by either the volunteer or Special Olympics;
- I grant Special Olympics permission to use my minor child's likeness, voice and words in television, radio, film, or in any form to promote activities of Special Olympics.

 Signature of Unified Sports® Partner _____ Date _____

 Signature of Parent or Guardian of Minor Unified Sports® Partner _____ Date _____