



Athlete Form Requirements

Athlete Registration Form (Medical Exam)

☐ Athlete Registration Form (ARF) (5 pages) bit.ly/SOWA-ARF

- Contact information, medical history, licensed medical professionals' clearance, and other important information.



Covid Form

The following form acknowledge the risk of contracting Coronavirus and other Communicable Diseases through sports, training, competitions, or any other group activity through Special Olympics.

☐ Covid/Communicable Disease Waiver

bit.ly/SOWA-C19Waiver



WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDemnIFICATION AGREEMENT FOR COMMUNICABLE DISEASES

Special Olympics

In consideration of being allowed to participate in any type of Special Olympics sports training, competition or fundraising activities, the undersigned acknowledges, represents, and agrees that:

1. The individual (including parents, guardians or other legal representatives) who is the participant in this activity understands the risks of COVID-19 and other communicable diseases and agrees to participate in the activity at their own risk.
2. I acknowledge and freely accept all such risks, both known and unknown, FUTURE AND PRESENT, and I agree to hold Special Olympics harmless from any and all claims, damages, injuries, losses, expenses, and costs, including reasonable attorneys' fees, that may be incurred by me or my family or others, and accept full responsibility for my participation and.
3. I hereby agree to comply with the stated and unstated terms and conditions for participation as required by the program's participants. I understand and agree that my participation is voluntary and that I am participating at my own risk and I understand that I am participating at my own risk and I understand that I am participating at my own risk.
4. I, the undersigned, on behalf of my child, myself, my spouse, and/or my legal representative, hereby agree to participate in the activity at my own risk and I understand that I am participating at my own risk and I understand that I am participating at my own risk.

BY SIGNING THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, I FULLY UNDERSTAND THE TERMS, UNDERSTAND THAT I HAVE GIVEN UP CERTAIN RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____
Participant Signature: _____
Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with full responsibility for the participant, have read and understood the purpose of this release and have signed this release on behalf of the participant and I agree to hold Special Olympics harmless from any and all claims, damages, injuries, losses, expenses, and costs, including reasonable attorneys' fees, that may be incurred by me or my family or others, and accept full responsibility for my participation and.

Name of parent/guardian: _____
Parent/guardian Signature: _____
Date signed: _____

Return to Program by: _____

Participant: _____