



Coaching Certifications and Training Requirements

The forms and certifications needed for any **COACHING Person Type**
 Background checks & training certifications are required to be updated **every three (3) years.**

Background Check

SOWA Identification Good Deed Code: **e45cri8**

bit.ly/SOWA-BCG



Special Olympics Learning Portal Trainings

Protective Behaviors Training

bit.ly/SOWA-PBO



Concussion Training

bit.ly/SO-Learn



Sports Specific Trainings

Only required for Head Coach. Training will be announced seasonally.

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 one or more of Special Olympics events (training, competition or training activities), the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and direct or indirect contact with communicable diseases including but not limited to, but not limited to, COVID-19. These possible risks and personal discipline may reduce the risk, the risk of serious illness and death does exist, and
2. KNOWINGLY AND FREELY (NOT DUE TO ANY COERCION, duress, fraud, or undue influence) the undersigned has read and understands the terms and conditions of this agreement and agrees to participate in these activities.
3. I hereby agree to comply with the stated and customary terms and conditions for participation in regular activities against infectious diseases. If however, I observe any unusual or significant health decline (symptoms or other indicators) I will promptly report such symptoms to the appropriate medical personnel.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE SPECIAL OLYMPICS, Special Olympics, Inc., Special Olympics Washington their officers, officials, agents, and/or employees, other participants, sponsoring agencies, volunteers, and if applicable, events and members of personnel for any and all damages, claims, and losses, INCLUDING TO ANY AND ALL INJURY, DEATH, PROPERTY DAMAGE OR LOSS OF DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE ASSUMPTION OF RISK AND INDEMNIFICATION, in the event event mentioned by me.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY PRESSURE.

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

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

This is to certify that as parent/guardian, with legal responsibility for this participant, have read and explained the provisions of this waiver to my child and have obtained the child's consent and participation and hereby personal responsibility for adhering to the rules and regulations for protection against communicable diseases. Furthermore, we acknowledge and accept these risks and responsibilities. The "parent" signature and child's consent and agreement to this release is provided above for all relevant events and activities, and I understand that these rules and regulations apply to all Special Olympics events and activities. I have read and understand the terms and conditions of this waiver and agree to participate in these activities as provided above. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY PRESSURE.

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

Complete By: _____

Participant: _____