

Athlete Release Form

Special Olympics
South Carolina



I want to take part in Special Olympics and agree to the following:

1. **Able to Participate.** I am able to take part in Special Olympics. I know there is a risk of injury
2. **Photo Release.** Special Olympics organizations may use my picture, video, name, voice and words to promote Special Olympics
3. **Overnight Stay.** For some events, I may stay in a hotel or someone's home. If I have questions, I will ask
4. **Emergency Care.** If I am unable, or my guardian is unavailable, to make medical decisions in an emergency, I authorize Special Olympics to seek medical care on my behalf, unless I check one of these boxes
 - I have a religious or other objection to receiving medical treatment
 - I do not consent to blood transfusions(if either box is checked, an EMERGENCY MEDICAL CARE REFUSAL FORM must be completed.)
5. **Health Programs.** If I take part in a health program, I consent to health activities, exams and treatment. This should not replace regular health care. I can say no to treatment or anything else any time.
6. **Personal Information.** I understand my information may be used and shared by Special Olympics to:
 - a. Make sure I am eligible and can participate safely;
 - b. Run trainings and events and share results;
 - c. Put my information in a computer system;
 - d. Provide health treatment, make referrals, consult doctors, and remind me about follow-up services;
 - e. Research, share, and respond to needs of Special Olympic athletes (identifying information removed if shared publicly); and
 - f. Protect health and safety, respond to government requests, and report information required by law.I can ask to see and change my information
7. **Concussions.** I understand the risk of concussions and continuing to play sports with a concussion. I may have to get medical care if I have a suspected concussion. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again.

ATHLETE NAME: _____

ATHLETE SIGNATURE (required for athlete over 18 years old with capacity to sign legal documents)

I have read and understand this release. If I have questions, I will ask. By signing, I agree to this form.

Participant Signature: _____ Date: _____

PARENT/GUARDIAN SIGNATURE (required for athlete under 18 years old or lacking capacity to sign legal documents)

I am a parent or guardian of the Athlete. I have read and understand this form and have explained the contents to the Athlete as appropriate. By signing, I agree to this form on my own behalf and on behalf of the athlete.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Relationship: _____

Contact Information:

Name: _____ Address: _____

Phone: _____ Email: _____ Relationship: _____

Emergency Contact:

Name: _____ Cell Phone: _____ Relationship: _____