

SPECIAL OLYMPICS VERMONT APPLICATION FOR PARTICIPATION

Unified Sports Partner

*This is a permanent Form that must be completed before any Unified Partner participates in a Special Olympics activity.
Adults must complete parts 1 & 2 and a Volunteer Application with Background Check Form.
Minors must complete Parts 1, 2, & 3*

Part 1 General Information

Full Legal Name _____

First: _____ Middle: _____ Last: _____

Delegation: _____

Mailing Address: _____ E-Mail _____

City: _____ State: _____ Zip Code: _____

Day Phone () _____ Cell Phone: _____ Date of Birth ____/____/____

Parent/Guardian: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Health/Accident Insurance Company: _____ Policy Number: _____

Part 2 Special Olympics Release and Waiver Liability

In consideration of participating in Special Olympics Unified Sports, I represent that I understand the nature of the event and that I (and/or my minor child) am (are/is) qualified, in good health, and in proper physical condition to participate in Unified Sports events. I fully understand the event involves risks of serious bodily injury which may be caused by my 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 I (or my minor child's) participation. I acknowledge that at any time that if I (we) feel that the event conditions are unsafe I (and/or my minor child) will discontinue participation immediately.

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

Special Olympics has my permission, both during and anytime after, to use the athlete's 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.

I (and/or my minor child) release indemnity, 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 and owners and lessors of premises of which the activity takes place from all liability, and losses, claims (other than that of the medical accident benefit), demands, costs, or damages that I (and/or my minor child) may include as a result of 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 Release, I will indemnify, save, and hold harmless each of the Releases from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

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

Signature of Unified Sport Partner or Parent Guardian if Unified Sports Partner is a Minor _____

Date _____

Part 3 References (Complete only if under the age of 18, Adults 18+ must complete a Volunteer Application and Background Check Form)

Please provide two personal/professional references using the following form. Each reference must be provided by an individual who is:
 * Not your legal guardian * Not related to you * At least 18 years old

By signing, I confirm the following: I know _____ (Name of Applicant) in either a personal or professional capacity. I am at least 18 years of age and am not a legal guardian or relative of Applicant. I am not aware of any reason that the Applicant should not be permitted to volunteer on behalf of Special Olympics. I do not possess any information that would cause me to believe the Applicant would pose any undue risk to Special Olympics athletes or others who participate in Special Olympics.

Reference #1 _____
 Signature _____ DATE _____

Print Name _____ PHONE _____ ORGANIZATION _____

Reference #2 _____
 Signature _____ DATE _____

Print Name _____ PHONE _____ ORGANIZATION _____

For Authorized Personnel Only – Photo ID verification. By signing, I affirm that all Part 1 General Information appears to be genuine I have verified the information with a current photo ID.

Signature _____ DATE _____

For Office Use only - _____ Approved- No Restrictions _____ Approved – Restricted from Driving _____ Approved – Restricted from financial duties
 _____ Disapproved SOVT Staff _____

Any questions regarding the completion of this form, please call 1 (800)639-1603.
 Upon completion of this application Mail to: SOVT, 368 Avenue D, Suite 30, Williston, Vermont 05495