

ATTACHMENT L - APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS AS A UNIFIED SPORTS® PARTNER

Partner Contact Information

Name: _____	Address: _____
Home Phone: _____	City: _____ State: _____ Zip: _____
Work Phone: _____	Email: _____
Health Insurance Company: _____	Policy Number: _____

Emergency Contact Information

Name: _____	Name: _____	Name: _____
Phone Number: _____	Phone Number: _____	Phone Number: _____

Partner Health Information

1. Chest Pain or Fainting Spells <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Allergy to the following (list specific) <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Seizures/ Epilepsy <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicine _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No	Foods _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Heart Disease/ Heart Defect/ High Blood Pressure <input type="checkbox"/> Yes <input type="checkbox"/> No	Insect Sting/Bite _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Parent/ Sibling (under 40) died of heart disease <input type="checkbox"/> Yes <input type="checkbox"/> No	14. Special diet _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Absence of vision/ blind in one eye <input type="checkbox"/> Yes <input type="checkbox"/> No	15. Serious bone or joint disorder <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Absence of one kidney or testicle <input type="checkbox"/> Yes <input type="checkbox"/> No	16. Sickle cell trait or disease <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Concussion or serious head injury <input type="checkbox"/> Yes <input type="checkbox"/> No	17. Dentures/ false teeth <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Major surgery or serious illness <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Hearing aid/ hearing loss <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Heat stroke/ exhaustion <input type="checkbox"/> Yes <input type="checkbox"/> No	19. Contact lenses/ eyeglasses <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Exercise induced wheezing <input type="checkbox"/> Yes <input type="checkbox"/> No	20. Immunizations (shots) are up-to-date <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Tendency to bleed easily <input type="checkbox"/> Yes <input type="checkbox"/> No	21. Date of last tetanus shot ____/____/____	

Medication Name	Amount (eg. 250 mg)	Date Prescribed	Amount Taken (Dosage and instructions, eg. 250 mg 2 X per day with food)

Special Olympics Release and Waiver of Liability

In consideration of participation 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 risk 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 risks and all responsibility for losses, costs, and/or damages I (and/or my minor child) may incur as a result of my (and/or my minor child's) participation. I acknowledge that at any time if I (we) feel 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 my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

I (and/or my minor child) 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 the 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 (and/or my minor child) may incur 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 Releases, 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.

I HAVE READ AND UNDERSTAND THIS DISCLOSURE.

Partner's Signature: _____	Date: _____
Parent/Guardian Signature for Minor: _____	Date: _____