



UNIFIED SPORTS® PARTNER APPLICATION

A VOLUNTEER REGISTRATION FORM MUST BE COMPLETED ALSO

Special Olympics

Kentucky

USE PEN*PRINT LEGIBLY*

Social Security # _____ - _____ - _____

PARTNER INFORMATION

Last Name		First Name		Sex M F		Date of Birth / /	
Address							
City	State	Zip	Phone# ()		—		
Name of Parent or Guardian							
Address						County	
City	State	Zip	Phone# ()		—		

EMERGENCY INFORMATION

Person to be contacted in case of Emergency							
Address							
City	State	Zip	Phone# ()		—		

HEALTH AND ACCIDENT INSURANCE INFORMATION

Company Name							
Policy #							

HEALTH INFORMATION

Physician's Name							
Address						Phone# ()	
Significant Illness or Operation (Describe nature)							
Contagious Disease							
Medications			Type			Dosage	
Allergies					Medication		

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

I verify that I have been briefed regarding the rules and philosophy of Unified Sports and accept my role as a teammate and will participate fully within the spirit of sportsmanship and team play.

In consideration of participating in Special Olympics Kentucky 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 the 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 (and/or my minor child) may incur as a result of my (and/or my minor child's) participation. I acknowledge that if at any time 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 not able to give my consent or make my own arrangements for that treatment because of my injuries, I authorize Special Olympics Kentucky 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 Kentucky, its administrators, directors, agents, officers, volunteers, employees and other Unified Sports Participants, and sponsors, advertisers, and if applicable any owners and lessors of 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 Releases from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

Special Olympics Kentucky has my permission to use my 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 have read this 'Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement' and fully understand it.

Signature of Adult Partner

Date

I, the undersigned, am parent (guardian) of the below specified person. I have read and fully understand the provisions of the above release and have explained them to that person. I hereby agree that I and said person will be bound thereby and I shall defend you and hold you harmless for any disaffirmation thereof by said person.

I hereby give my permission for _____ to participate in Special Olympics games, recreation programs and physical activity programs.

Signature of Parent/Guardian (for Partners under 18)

Date

INSTRUCTIONS: Upon completion mail to Special Olympics Kentucky, 105 Lakeview Court, Frankfort, KY 40601-8749