



Unified Sports® Partner Application for Participation

This is a permanent form that must be completed before a Partner participates in Special Olympics training or competition.

Return completed form to: Special Olympics Indiana; 6100 W. 96th Street, Suite 270; Indianapolis, IN 46278; Fax: (317) 328-2018; Email: entries@soindiana.org
Retain a copy for county files. Use pen and print legibly.

Section A - PARTNER INFORMATION

County Program Name (REQUIRED)		Area	Partner's Social Security Number (REQUIRED)	
			<input type="checkbox"/> M	<input type="checkbox"/> F
Last Name	First Name	Phone	Gender	
Date of Birth	Age	Email		
Address		City	State	Zip Code
Parent, Guardian or Emergency Contact Name		Phone Number	Relationship	
Health/Accident Insurance Company		Policy Number		

Section B - CONFIDENTIAL INFORMATION

Have you in the past year used illegal drugs or prescription drugs unlawfully? Yes No

Have you ever been convicted of a criminal offense? (omit minor traffic offenses) Yes No

Have you ever been charged with neglect, abuse, assault, or any sexual offense? Yes No

Has your driver's license ever been suspended or revoked? Yes No

Please attach a written explanation for any of these questions for which you answered "yes".

List 2 non-family references:

Name	Relationship	Address or Phone Number
1. _____		
2. _____		

Section C - RELEASE STATEMENT

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 (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 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 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 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.

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 plays outlined in the following Special Olympics Code of Conduct for Unified Sports® Partners.

- I will practice good sportsmanship, acting in ways that bring respect to me, my coaches, my team, and Special Olympics.
- I will not use bad language, not swearing at or insulting other persons.
- I will not fight with athletes, other partners, coaches, volunteers, or staff.
- I will train regularly, learning and following the rules of my sport.
- I will listen to my coaches and the officials and ask questions when I do not understand.
- I will always try my best during training, divisioning, and competitions.
- I will not make inappropriate or unwanted physical, verbal, or sexual advances on others.
- I will not smoke in non-smoking areas, drink alcohol or use illegal drugs at Special Olympics events. I will not take drugs for the purpose of improving my performance.
- I will obey all laws and Special Olympics and National Federation/Governing Body rules for my sport(s).

Section D - SIGNATURES

I have read Section C above and fully understand it. I also understand that:

- The information that I have provided may be verified, and I give permission to Special Olympics to conduct periodic background checks to verify my suitability to act as a Special Olympics volunteer.
- In the course of playing as a Partner for Special Olympics, I may be dealing with confidential information and I agree to keep said information in the strictest confidence;
- The relationship between Special Olympics and Partners is an "at will" arrangement, and that it may be terminated at any time without cause by either the Partner or Special Olympics;
- I grant Special Olympics permission to use my likeness, voice, and words in television, radio, film, or in any form to promote activities of Special Olympics.

Signature of Adult Unified Sports® Partner _____ Date _____

Signature of Parent/Guardian (for Unified Sports® Partner under age 18) _____ Date _____