

NON-DELEGATION REGISTRANTS RELEASE FORM

I agree to the following:

- Ability to Participate.** I am physically able to take part in Special Olympics activities.
- Likeness Release.** I give permission to Special Olympics, Inc., the Special Olympics Local Organizing Committee, and accredited Special Olympics Programs (collectively "Special Olympics") to use my likeness, photo, video, name, voice, words, and other biographical information to promote Special Olympics and raise funds for Special Olympics.
- Risk of Concussion and Other Injury.** I know there is a risk of injury. I may have to get medical care if I have an injury. I also may have to wait 7 days or more and get permission from a doctor before I start participating again.
- Emergency Care.**
If I am unable, or my guardian is unavailable, to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care on my behalf, unless I mark one of these boxes:
 - I have a religious or other objection to receiving medical treatment. (Not common.)
 - I do not consent to blood transfusions. (Not common.)
 (If either box is marked, an EMERGENCY MEDICAL CARE REFUSAL FORM must be completed.)
- Health Programs.** If I take part in a health program as a participant, I consent to health activities, screenings, and treatment. This should not replace regular health care. I can say no to treatment or anything else at any time.
- Personal Information.** I understand that Special Olympics will be collecting my personal information as part of my participation, including my name, image, address, telephone number, health information, and other personally identifying and health related information I provide to Special Olympics ("personal information").
 - I agree and consent to Special Olympics:
 - using my personal information in order to: make sure I am eligible and can participate safely; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if I participate in a health program; analyze data for the purposes of improving programming and identifying and responding to the needs of Special Olympics participants; perform computer operations, quality assurance, testing, and other related activities; and provide event-related services;
 - using my personal information and creating a profile of me for communications and marketing purposes, including direct digital marketing through email, SMS, social media, and other channels; and
 - sharing my personal information with (i) researchers, business partners, public health agencies, and other organizations that are studying intellectual disabilities and the impact of Special Olympics activities, (ii) medical professionals in an emergency, and (iii) government authorities for the purpose of assisting me with any visas required for international travel to Special Olympics events and for any other purpose necessary to protect public safety, respond to government requests, and report information as required by law.
 - I understand Special Olympics is a global organization with headquarters in the United States of America. I acknowledge that my personal information may be stored and processed in countries outside my country of residence, including the United States. Such countries may not have the same level of personal data protection as my country of residence, and I agree that the laws of the United States will govern your processing of my personal information as provided in this consent.
 - I have the right to ask to see my personal information or to be informed about the personal information that is processed about me. I have the right to ask to correct and delete my personal information, and to restrict the processing of my personal information if it is inconsistent with this consent.
 - *Privacy Policy.* Personal information may be used and shared consistent with this form and as further explained in the Special Olympics privacy policy at www.SpecialOlympics.org/Privacy-Policy.
- Background Check Authorization. [APPLIES TO ADULTS ONLY]** I authorize Special Olympics to conduct a background check on me. This background check may be done through a third party. The background check may include an inquiry into my employment, education, driving, and/or criminal history. I understand that Special Olympics may rely on information provided or discovered to determine whether I may participate in Special Olympics activities. By signing below, I authorize investigators to conduct a background check as described in this form. I further authorize any third parties or agencies who may be in possession of the requested information, to disclose such information in connection with this background check.
- Waiver and Liability Release.** I understand the risks involved with participation in Special Olympics activities. I fully accept and assume all such risks and all responsibility for losses, costs, and damages I may incur as a result of my participation. I hereby release and covenant not to sue Special Olympics, its administrators, directors, agents, volunteers, and employees, and other participants ("Releasees") related to any liabilities, claims, or losses on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees. I further agree that if, despite this release, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify and hold harmless each of the Releasees from any such liabilities, claims, or losses as the result of such claim. I have read this waiver and release and understand that I have given up substantial rights by signing it. I have signed it freely and without any inducement or assurance and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. I agree that if any part of this form is held to be invalid, the other parts shall continue in full force and effect.

Name:	
PARTICIPANT SIGNATURE (required for adult participant with capacity to sign legal documents)	
I have read and understand this form. If I have questions, I will ask them. By signing, I agree to this form.	
Participant Signature:	Date:
I consent to Special Olympics (please mark): <input type="checkbox"/> Using my contact information to send me Special Olympics marketing materials. <input type="checkbox"/> Sharing my personal information confidentially with researchers, such as universities or public health agencies, who are studying intellectual disabilities and the impact of Special Olympics activities.	
PARENT/GUARDIAN SIGNATURE (required for participant who is a minor or lacks capacity to sign legal documents)	
I am a parent or guardian of the participant. I have read and understand this form and have explained the contents to the participant as appropriate. By signing, I agree to this form on my own behalf and on behalf of the participant.	
Parent/Guardian Signature:	Date:
Printed Name:	Relationship:



**PARTICIPANT LIKENESS RELEASE
FOR SPONSORS (OPTIONAL)**

Special Olympics relies on sponsors and partners to help support our mission. We often use photos, videos and stories of our event participants to show the impact of support by companies that sponsor Special Olympics. If you wish to allow your likeness to be used in this way, please read and sign below.

I agree to the following:

- I give permission to Special Olympics, Inc., the Special Olympics Local Organizing Committee, and accredited Special Olympics Programs (collectively “Special Olympics”) and their sponsors and partners to use my photo, video, name, voice, and words (“Likeness”) to acknowledge the sponsors’ and partners’ support for Special Olympics.
- Special Olympics and its sponsors and partners will not use my Likeness to endorse commercial products or services.
- I understand I will not be compensated for the use of my Likeness.

Participant Name:	
PARTICIPANT SIGNATURE (required for adult participant with capacity to sign legal documents)	
I have read and understand this form. If I have questions, I will ask them. By signing, I agree to this form.	
Participant Signature:	Date:
PARENT/GUARDIAN SIGNATURE (required for participant who is a minor or lacks capacity to sign legal documents)	
I am a parent or guardian of the participant. I have read and understand this form and have explained the contents to the participant as appropriate. By signing, I agree to this form on my own behalf and on behalf of the participant.	
Parent/Guardian Signature:	Date:
Printed Name:	Relationship: