

Unified Sports® Partner Application

Special Olympics
Texas



Area	Delegation Code	Delegation Name	
UNIFIED SPORTS® PARTNER INFO			
Last Name		First Name	
Date of Birth ____/____/____ MM/DD/YYYY		Gender <input type="radio"/> Male <input type="radio"/> Female	
Mailing Address			
City		State	Zip
Email			
Day Phone ()		Night Phone ()	
Health/Accident Company			Policy #
PARENT/GUARDIAN INFO (REQUIRED FOR MINORS)			
Last Name		First Name	
Mailing Address <i>(if different from above)</i>			
City		State	Zip
Email			
Day Phone ()		Night Phone ()	
EMERGENCY CONTACT (IF DIFFERENT FROM PARENT/GUARDIAN)			
Name			Phone ()

Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement

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

SIGN AND DATE	
Unified Sports® Partner Signature	Date
Parent/Guardian Signature (For minors)	Date