

Unified Partner Form Requirements

Unified Partner Registration Form

- ☐ Unified Partner Registration Form (2 pages) bit.ly/SOWA-UP
 - Contact and other information related to the Unified Partner, as well as a risk and liability agreement.







Covid Forms

The following form acknowledge the risk of contracting Coronavirus and other Communicable Diseases through sports, training, competitions, or any other group activity through Special Olympics.

☐ Covid/Communicable Disease Waiver bit.ly/SOWA-C19Waiver



| WAIVER AND RELEA | ASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT FOR COMMUNICABLE DISEASES ("Agreement") for |
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| | SPECIAL OLYMPICS |
| | og allowerd to participate in any voy in Special Olympics sports training, competition. Little undersigned acknowledges, appreciates, and agrees that: |
| including but not it | his possible exposure to and itness from infectious and/or communicable diseases mitted to MRSA, influenza, and COVID-19. while particular rules and personal on this risk, the risk of serious illness and double does mixt, and, |
| I KNOWNELY AND FROM the NEGLE participation; and, | PREELY ASSURE ALL SUCH RISKS, both known and unknown, EVEN E ARISING ENCLOF THE RELEASEES or others, and assume full responsibility for my |
| regards protection hereof during my | comply with the stated and contameny terms and conditions for participation as against infections diseases. If, however, I observe and any unicode or significant research or participation, I will remove mywelf from participation and bring such to a meanst of ficial immediately, and, |
| RELEASE AND HOS officials, agents, as if applicable, come TO any and acc. | behalf of ing bein, socijan, nemant ingrementalism and nem of this, IEEE/TV politikel, 255 Sociol Olympia, in it is Special Olympia with supplied of their officers, adjoin employees, other participants, sponsoring agencies, sponsor, specialism, s |
| UNDERSTAND ITS TEL | LEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING Y AND VOLUNTABILY WITHOUT ANY INDUCEMENT. |
| Name of Participant | |
| Farticipant Signature_ | |
| Date signed | |
| FOR PARTICIPANTS O | F MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION) |
| explained the provision participation and highly against communicable responsibilities. I for my above for all the foliation hold huminess the field participation in these a extent provided by law extent provided by law. | |
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□ <u>Background Check</u>

SOWA Identification Good Deed Code: **e45cri8** bit.ly/SOWA-BCGbit.ly/SOWA-BCG



| Return to Program by: | Participant: |
|-----------------------|-----------------|
| Retuin to Program by. | רמו נוכוףמו וג. |