



Volunteer Certifications and Training Requirements

The forms and certifications needed for any **VOLUNTEER/PARENT/CHAPERONE** Person Type
Background checks & training certifications are required to be updated **every three (3) years.**

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



Special Olympics Learning Portal Trainings

Protective Behaviors Training
bit.ly/SOWA-PBQ



Covid Form

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 RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT FOR COMMUNICABLE DISEASES
COVID-19
SPECIAL OLYMPICS

In consideration of being allowed to participate in any team or Special Olympics event, training, competition or fundraising activities, the undersigned acknowledges, understands, and agrees that:

1. Participation in these events involves a risk of being infected with infectious and/or communicable diseases including but not limited to COVID-19, SARS, Influenza, and other communicable diseases and/or other conditions that may result in illness, hospitalization or death, disability, etc.
2. **INDIVIDUALLY AND FREELY ASSUME** ALL SUCH RISKS, both known and unknown, THAT IF ARISING FROM THE PARTICIPATION OF THE WAIVERER OR OTHERS, and assume full responsibility for my participation and.
3. I will fully agree to comply with the stated and unspoken rules and policies for participation as required and/or applicable to this event. I will, however, release and agree to indemnify and hold harmless the organizers of this event, and any personnel or significant staff, from any and all claims, damages, losses, expenses, and any personal or significant liability that may result from my participation in this event.
4. I, the undersigned, and on behalf of my team, assign, personal responsibility and hold harmless, RELEASE, WAIVER AND HOLD HARMLESS Special Olympics, Inc., Special Olympics Washington, their officers, officials, employees, volunteers, staff, and other Special Olympics athletes, team members, and other participants, from any and all claims, damages, losses, expenses, and any personal or significant liability that may result from my participation in this event. I will hold Special Olympics, Inc. and Special Olympics Washington, Inc. harmless from any and all claims, damages, losses, expenses, and any personal or significant liability that may result from my participation in this event.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____
Participant Signature: _____
Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE UNDER AGE 18 AT THE TIME OF REGISTRATION:

This is to certify that a parent/guardian, with legal responsibility for this participant, has read and executed this agreement in full and understands the conditions regarding the risks of injury and illness, hospitalization and/or death, disability, and other conditions that may result in illness, hospitalization or death, disability, etc. I, the undersigned, on behalf of my team, assign, personal responsibility and hold harmless, RELEASE, WAIVER AND HOLD HARMLESS Special Olympics, Inc., Special Olympics Washington, their officers, officials, employees, volunteers, staff, and other Special Olympics athletes, team members, and other participants, from any and all claims, damages, losses, expenses, and any personal or significant liability that may result from my participation in this event. I will hold Special Olympics, Inc. and Special Olympics Washington, Inc. harmless from any and all claims, damages, losses, expenses, and any personal or significant liability that may result from my participation in this event.

Name of parent/guardian: _____
Parent signature/guardian: _____
Date signed: _____

Complete By: _____

Participant: _____