Special Olympics
Washington

Motivate. Inspire. Succeed.

Unified Partner Release Form

Team Name: SOUND ATHLETICS Region: SW

Unified Partner Information

Last Name: _____ First: _____ Middle: _____ Sex: ❑ Male ❑ Female Birth date: __/__/__

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone No.: (_____) _____

Name of Parent or Guardian: _____ Phone No.: (_____) _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Emergency Information

Person to be contacted in case of emergency: _____

Address: _____ Phone No.: (_____) _____

Health and Accident Insurance Information

Company Name: _____ Policy No.: _____

Health Information

History of:

❑ Yes	❑ No	Bleeding Problems	❑ Yes	❑ No	Bone Or Joint Problems
❑ Yes	❑ No	Hearing Problems	❑ Yes	❑ No	Vision Problems
❑ Yes	❑ No	Head Injury	❑ Yes	❑ No	Contact Lenses/Glasses
❑ Yes	❑ No	Fainting Spells	❑ Yes	❑ No	Hearing Aid
❑ Yes	❑ No	Heart Problems	❑ Yes	❑ No	Functional Impairment
❑ Yes	❑ No	Heat Illness or Cold Injury	❑ Yes	❑ No	Requiring Special Equipment
❑ Yes	❑ No	Hernia	❑ Yes	❑ No	Emotional Problems
❑ Yes	❑ No	Recent Contagious Disease	❑ Yes	❑ No	Special Diet Needs
❑ Yes	❑ No	Female Illness or Hepatitis	❑ Yes	❑ No	Other
❑ Yes	❑ No	Pregnancy			

Medications/Immunizations

Medication Name _____ Amount _____ Time _____ Date Prescribed _____

Allergies to Medication: ❑ Yes ❑ No Describe: _____

Tetanus: ❑ Yes ❑ No Date Of Last Shot: ____/____/_____ Polio: ❑ Yes ❑ No Date Of Last Shot: ____/____/_____

I _____, am at least 18 years old. I represent and warrant that, to the best of my knowledge and belief, I am physically and mentally able to participate in Special Olympics activities.

Special Olympics has my permission to use my likeness, name, voice, or words in either television, radio, film, newspapers, magazines, and other medias, and in any form, for the purpose of advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities.

If during my participation in special Olympics activities, I should need emergency medical treatment, and am not able to give my consent or make my own arrangements for that treatment because of my injuries. I authorize Special Olympics to take whatever measures are necessary to insure that I receive the emergency medical treatment which Special Olympics deems necessary to protect my health and well-being, including if necessary, hospitalization.

I, the undersigned have red and fully understand the provisions of the above release and herby agree that I will be bound thereby and shall defend you and hold you harmless of and disaffirmation.

Signature of Adult Unified Partner: _____ Date: _____

I, the undersigned, am parent (Guardian) of the bellow specific person. I have read and fully understand the provisions of the above release and have explained them to that person. I herby agree that I and said person will be bound thereby and shall defend you and hold you harmless for any disaffirmation thereof by said person.

I hereby give my permission for _____ to participate in Special Olympics games, recreation programs, and physical activity programs.

Signature of Parent/Guardian for Unified Partner under18: _____ Date: _____