

**APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS
UNIFIED SPORTS® PARTNER**

SECTION A – PARTNER INFORMATION

(Reverse side "Volunteer Registration Application" must be completed and signed)

PROGRAM_NAME: _____

Emergency Contact _____

Home Phone: _____

Health/Accident Insurance Co. _____

Policy #: _____

(if Partner is under 18)

Parent/Guardian Name _____

Home Phone: _____

Address _____

Work Phone: _____

Release and Waiver of Liability 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 action or inaction, 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 for 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 that 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 (and/or my minor child) should need emergency medical treatment and I (and/or my minor child) am (are/is) not able to give consent or make own arrangements for that treatment because of injuries, I authorize Special Olympics to take whatever measures are necessary to protect my (and/or my minor child's) 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 the 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 I further agree that if, despite the "Release of Waiver of Liability Assumption of Risk and Indemnity Agreement", I, or anyone on my behalf, makes a claim against this Release, I will indemnify, save, and hold harmless this Release from any litigation expenses, attorney fees, loss, liability, damage or costs which may incur as a result of such claim.

I have read this "Release of Waiver of Liability Assumption of Risk and Indemnity Agreement" and fully understand it.

Signature of Unified Sports® Partner

Date

Signature of Parent or Guardian if Unified Sports® Partner is a minor

Date

SPECIAL OLYMPICS IDAHO
VOLUNTEER REGISTRATION APPLICATION

SECTION 1: *Please Print*

Name: Mr/Mrs/MS/Dr _____

(Circle One) Last Name First Name Middle Initial

Gender M F

Mailing Address: _____

Number Street Ste/Apt/#

City State Zip Code

Phone (Daytime) Phone (Evening) Best time to call e-mail

Date of Birth Social Security Number Driver's License Number

Team Information: _____

Area Team Name Position Sport

Employment/School Information: _____

Occupation Employer/School Name

Employer /School Address: _____

Number Street Ste/Apt/#

City State Zip Code

IN ORDER TO PROCESS THIS APPLICATION, WE NEED ONE OF THE FOLLOWING:

1) Local Program Coordinator's validation signature, indicating he/she has checked your driver's license: _____

OR

2) A photocopy of any form of photo identification card, preferably your driver's license. *(Please attach to application)*

If you have not lived in Idaho for at least 3 years, please list the state of your previous residence: _____

Have you volunteered for Special Olympics before? _____ If yes, where and in what capacity? _____

SECTION II:

- 1) Do you use illegal drugs? Yes _____ No _____
- 2) Have you ever been convicted of a criminal offense? Yes _____ No _____
- 3) Have you ever been charged with neglect, abuse or assault? Yes _____ No _____
- 4) Has your driver's license ever been suspended or revoked in any state? Yes _____ No _____

List 2 non-family references:

NAME	RELATIONSHIP	FULL ADDRESS AND PHONE NUMBER
1) _____	_____	_____
2) _____	_____	_____

SECTION III: PLEASE READ BEFORE SIGNING: I understand that:

- The information that I have provided may be verified, and I give permission to Special Olympics to make inquiry of others concerning my suitability to act as a Special Olympics volunteer including a check of criminal history and driver's license record.
- In the course of volunteering for Special Olympics, I may be dealing with confidential information and I agree to keep said information in the strictest confidence.
- The relationship between Special Olympics and volunteers is an "at will" agreement, and may be terminated at any time without cause by either party.
- It is my responsibility to update the information on this form as needed.
- I grant Special Olympics permission to use my likeness, voice and words in television, radio, film, or in any other form to promote activities of Special Olympics.

I affirm that I have read all of the information on this Volunteer Registration Application and on the Release and Waiver of Liability of Risk and Indemnity Agreement on the reverse of this page and that the information I have given is true and complete. I further understand that my signature must appear on both sides of this form before my Application will be processed.

Signed: _____ Date: _____