

## SPECIAL OLYMPICS ILLINOIS ATHLETE CONSENT, WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION FORM

Athlete Name: Last \_\_\_\_\_ First \_\_\_\_\_

Athlete Date of Birth \_\_\_\_MM \_\_\_\_DD \_\_\_\_YY

Region \_\_\_\_\_ Agency Name \_\_\_\_\_

Are you a new athlete to Special Olympics Illinois or re-registering?

New Athlete  Re-Registering

Special Olympics Illinois - hereafter referred to as SOILL.

An athlete must also have a valid Medical Form on file with SOILL to be eligible to participate.

If individual is a new athlete, has turned 18 since their last Medical Form submission or has a change in their guardianship status then an updated SOILL Consent Form must be submitted with the Medical Form.

I, on my own behalf or as the undersigned parent and/or legal guardian of the above named applicant (hereafter referred to as the "Entrant") do hereby:

- Request permission for the Entrant to participate in SOILL programs.
- Represent and warrant to you that Entrant is physically and mentally able to participate in SOILL sports training and competition.
- Acknowledge that SOILL will screen all entrants using the Sex Offender Public Registry and understand that entrants listed on the Registry will be denied participation. I affirm that this Entrant has never been on said Registry or, if Entrant was listed on said Registry but has since been removed, I will contact SOILL for instructions before submitting this form.
- Acknowledge that Entrants charged or convicted of a criminal offense are subject to SOILL's Eligibility Policy, and agree that SOILL may conduct a criminal background check in appropriate circumstances. Entrant further acknowledges that Entrant understands and will follow SOILL's Eligibility Policy.
- Acknowledge that Entrant understands and will execute and follow the Athlete Partner Code of Conduct.
- Acknowledge that Entrant understands and will execute and follow the COVID Code of Conduct.
- Acknowledge that Entrant understands that participation includes possible exposure to an illness from infectious and/or communicable diseases including but not limited to MRSA, influenza and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and, Entrant willingly agrees to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, Entrant observes any unusual or significant hazard during presence or participation, Entrant will remove them selves from participation and bring such to the attention to the nearest official immediately.
- Acknowledge that Entrant understands there is a risk of injury and understands the risk of Entrant continuing to play sports with or after a concussion or other injury. Entrant may have to get medical care if they have a suspected concussion or other injury. Entrant may have to wait 7 days or more and get permission from a doctor before resuming sports activities.
- In permitting the Entrant to participate, I am specifically granting permission to SOILL and Special Olympics Inc. to use the likeness photo, video, name, voice, words and biographical information in television, radio, films, newspapers, magazines, social media and in any form not heretofore described for the purpose of advertising or communicating the purposes and activities of SOILL and Special Olympics Inc. in appealing for funds to support such activities.
- Consent for Entrant to participate in the SOILL Healthy Athlete Program that provides individual screening assessments of health status and health care needs. Entrant has no obligation to participate and I understand the Entrant should seek his/her/their own medical advice and assistance and SOILL is not responsible for the Entrant's health.
- For some events, Entrant may stay in a hotel, university type housing or someone's home. If I have questions I will ask.
- If I am unable, or my parent/guardian is unavailable, to consent or make medical decisions in an emergency, I authorize SOILL to seek medical care on my behalf.
- I understand that SOILL will be collecting Entrant's personal information as part of participation, including name, image, address, telephone number, health information and other provided personally identifying and health related information. Personal information may be used and shared consistent with this form and as further explained in the Special Olympics Inc.

Athlete Name: Last \_\_\_\_\_ First \_\_\_\_\_

Privacy Policy at [www.SpecialOlympics.org/Privacy-Policy](http://www.SpecialOlympics.org/Privacy-Policy) I further agree and consent to SOILL:

- Using Entrant personal information in order to: make sure Entrant is eligible and can participate safely; run trainings and events; share competition results (including on the Web and in news media); analyze data for the purpose of improving programming and identifying and responding to the needs of SOILL participants; perform computer operations, quality assurance, testing and other related activities; and provide event-related services.
- Using Entrant contact information for communicating with me about SOILL.
- Sharing information with medical professionals in an emergency or for injury treatment.

Entrants, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HERBY FREELY AND VOLUNTARILY ASSUME ALL RISK, WAIVE AND RELEASE FROM LIABILITY, AGREE TO INDEMNIFY AND HOLD HARMLESS, Special Olympics Illinois, it's officers, officials, agents and/or employees, other participants, coaches, sponsoring agencies, sponsors, advertisers and if applicable, owners and lessors of the venue/premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I, THE UNDERSIGNED ADULT ENTRANT, have read and fully understand the provisions of the ATHLETE CONSENT, WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION FORM and/or have had them explained to me. I hereby agree that I will be bound thereby and I shall defend SOILL and hold it harmless from disaffirmation thereof.

**Signature of Entrant** \_\_\_\_\_

Athlete is own guardian

Witness \_\_\_\_\_ Date \_\_\_\_\_

**OR**

FOR ENTRANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION), OR THOSE WHO LACK LEGAL CAPACITY TO SIGN DOCUMENTS

This is to certify that I, as parent, guardian, and/or individual with legal responsibility for this Entrant, have read and explained the provisions in this ATHLETE CONSENT, WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION FORM to said Entrant including the risks of presence and participation, as well as their personal responsibilities to adhere to the rules and regulations promulgated by SOILL. Furthermore, said Entrant understands and accepts these risks and responsibilities. I, for myself, spouse (if applicable), and Entrant do hereby consent and agree that said Entrant freely and voluntarily assumes all risk, and that we waive and release from liability, indemnify and hold harmless the above referenced RELEASEES for any and all liabilities incident to said Entrant's presence or participation in SOILL sports, training, competition and/or any other SOILL group activities as provided above, EVEN IF ARISING FROM THE RELEASEE'S NEGLIGENCE, OR OTHERWISE to the fullest extent provided by law.

Parent/Guardian/legally responsible individual's signature (required for Entrant who is a minor (younger than age 18) or otherwise lacks legal capacity to sign document).

**Printed Name of parent/guardian/legally responsible individual:** \_\_\_\_\_

**Signature of parent/guardian/legally responsible individual:** \_\_\_\_\_

Date: \_\_\_\_\_

Email address of Parent/Guardian/legally responsible individual: \_\_\_\_\_