



## **OFFICIAL SPECIAL OLYMPICS RELEASE FORM** **INSTRUCTIONS**

Before the athlete can participate in Special Olympics, the attached "Official Special Olympics Release Form" must be completed.

### **THE AGENCY INFORMATION:**

Contact the Agency Manager or coach for the correct Agency name and number.

### **THE RELEASE:**

Print the athlete name in the appropriate section.

TOP SECTION: If the athlete is **their own guardian** and 18 years of age or older, they must sign and date the top section. The witness must also sign this portion of the Form.

BOTTOM SECTION: If the adult athlete is not their own guardian or the athlete is a minor, the parent/guardian must sign and date the lower section. No verbal permission or signing another's name will be acceptable.

**This Form must be mailed with the "Application For Participation In Special Olympics".**

Both Forms (the Official Special Olympics Release and the Application For Participation In Special Olympics) must be correctly completed and mailed to the Special Olympics Program Office postmarked by the appropriate medical deadline date (see dates below). These Forms may not be faxed to the Program Office.

Mail the Forms to:

**Special Olympics Wisconsin  
2310 Crossroads Drive, Ste. 1000  
Madison, WI 53718**

**MEDICAL DEADLINE DATES:** (There will be no exceptions to these dates)

Bowling & Volleyball	<b>OCTOBER 1</b>
Skiing, Skating, Snowshoeing & Snowboarding	<b>DECEMBER 1</b>
Basketball & Gymnastics	<b>FEBRUARY 1</b>
Aquatics, Athletics, Soccer & Powerlifting	<b>APRIL 1</b>
Softball, Tee Ball, Tennis, Golf & Bocce	<b>JULY 1</b>



2310 CROSSROADS DR.  
SUITE 1000  
MADISON, WI 53718  
(608) 222 – 1324

# OFFICIAL SPECIAL OLYMPICS RELEASE FORM

Agency Name: \_\_\_\_\_ Agency Number: \_\_\_\_\_

## TO BE COMPLETED BY ADULT ATHLETE (for minor athlete see below)

I, \_\_\_\_\_ am at least 18 years old and have submitted the attached application for participation in Special Olympics. (ATHLETE'S NAME)

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. I also represent that a licensed physician has reviewed the health information contained in my application and has certified, based on an independent medical examination that there is no medical evidence which would preclude me from participating in Special Olympics. I understand that if I have Down syndrome, I cannot participate in sports or events which, by their nature, result in hyper-extension, radical flexion or direct pressure on my neck or upper spine unless I and two physicians have completed the official "Special Release For Athletes With Atlanto-axial Instability" Form, available from the Special Olympics Program in my state or I have had a full radiological examination which establishes the absence of Atlanto-axial Instability. I am aware that if I choose not to complete the "Special Release For Athletes With Atlanto-axial Instability" Form which establishes the absence of Atlanto-axial Instability, I must have the radiological examination before I can participate in Judo, Equestrian Sports, Gymnastics, Diving, Pentathlon, Butterfly Stroke and Diving Starts in Swimming, High Jump, Alpine Skiing, Snowboarding, Squat Lift and Football Team competition (Soccer).

Special Olympics has my permission, (both during and anytime after), to use my likeness, name, voice or words in either television, radio, film, newspapers, magazines, and other media, 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 these purposes and activities.

If, during my participation in Special Olympics activities, I should need emergency medical treatment, and I 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 protect my health and well-being, including, if necessary, hospitalization.

I, the athlete, agree to be held accountable for the standards outlined in the Athlete Code of Conduct. I am aware the standards may change slightly from year to year, and understand it is my responsibility to stay up-to-date on the current standards. In addition, I understand that Special Olympics reserves the right to conduct a background screening when deemed appropriate.

My signature on this Form grants permission to participate in Healthy Athlete Screenings, including but not limited to vision, dental and hearing screenings. In agreeing to participate, permission is granted to use data collected during the course of any Healthy Athlete Screening for research purposes.

I, the athlete named above, have read this paper and fully understand the provisions of the release that I am signing. I understand that by signing this paper, I am saying that I agree to the provisions of this release.

**SIGNATURE OF ADULT ATHLETE** \_\_\_\_\_

**DATE** \_\_\_\_\_

I, hereby certify that I have reviewed this release with the athlete whose signature appears above. I am satisfied based on that review that the athlete understands this release and has agreed to its terms.

**Name (Print):** \_\_\_\_\_

**Relationship to Athlete:** \_\_\_\_\_  
(e.g. family member, teacher, coach, etc.)

## TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR ATHLETE

I am the parent/guardian of \_\_\_\_\_, the minor athlete, on whose behalf I have submitted the attached application for participation in Special Olympics. (ATHLETE'S NAME) I hereby represent that the athlete has my permission to participate in Special Olympics activities.

I further represent and warrant that to the best of my knowledge and belief, the athlete is physically and mentally able to participate in Special Olympics. With my approval, a licensed physician has reviewed the health information set forth in the athlete's application, and has certified based on an independent medical examination that there is no medical evidence, which would preclude the athlete's participation. I understand that if the athlete has Down syndrome, he/she cannot participate in sports or events, which, by their nature, result in hyper-extension, radical flexion or direct pressure on the neck or upper spine, unless I and two physicians have completed the official "Special Release For Athletes With Atlanto-axial Instability" Form, available from the Special Olympics Program in my state, or the athlete has had a full radiological examination, which establishes the absence of Atlanto-axial Instability. I am aware that if I choose not to complete the "Special Release For Athletes With Atlanto-axial Instability" Form which establishes the absence of Atlanto-axial Instability, the athlete must have the radiological examination before he/she can participate in Judo, Equestrian Sports, Gymnastics, Diving, Pentathlon, Butterfly Stroke and Diving Starts in Swimming, High Jump, Alpine Skiing, Snowboarding, Squat Lift and Football Team competition (Soccer).

In permitting the athlete to participate, I am specifically granting my permission, (both during and anytime after), to Special Olympics to use the athlete's likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, 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 a medical emergency should arise during the athlete's participation in any Special Olympics activities, at a time when I am not personally present so as to be consulted regarding the athlete's care, I hereby authorize Special Olympics, on my behalf, to take whatever measures are necessary to ensure that the athlete is provided with any emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the athlete's health and well-being.

In permitting the athlete to participate, I understand the athlete agrees to be held accountable for the standards outlined in the Athlete Code of Conduct. I am aware the standards may change slightly from year to year, and understand it is the athlete's responsibility to stay up-to-date on the current standards. In addition, I understand that Special Olympics reserves the right to conduct a background screening on the athlete when deemed appropriate.

I am the parent (guardian) of the athlete named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the athlete. Through my signature on this Release Form, I am agreeing to the above provisions on my own behalf and on the behalf of the athlete named above.

I specifically grant permission for the athlete to participate in Healthy Athlete Screenings, including but not limited to vision, dental and hearing screenings. In agreeing to participate, permission is granted to use data collected during the course of any Healthy Athlete Screenings for research purposes.

I hereby give my permission for the athlete named above to participate in Special Olympics games, recreation program, and physical activity programs.

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_

**DATE** \_\_\_\_\_

SPECIAL OLYMPICS – Created by The Joseph P. Kennedy, Jr. Foundation. Authorized and Accredited by Special Olympics, Inc., for the Benefit of Persons with Cognitive Disabilities.

**DO NOT DETACH**

**THIS FORM ONLY NEEDS TO BE COMPLETED ONCE UNLESS THERE'S A CHANGE IN GUARDIANSHIP.**