

PARTICIPANT RELEASE FORM

Special Olympics
Wisconsin



I want to participate in Special Olympics activities and agree to the following:

1. **Able to Participate.** I am able to participate in Special Olympics activities. I understand that there is a risk of injury when participating in Special Olympics activities.
2. **Photo Release.** I give Special Olympics organizations permission to use my picture, video, name, voice, and words to promote Special Olympics.
3. **Overnight Stay.** I understand that some Special Olympics activities may require an overnight stay in a hotel or dormitory. If I have questions about this I will ask.
4. **Emergency Care.** I consent to medical care if needed in an emergency, unless I check one of these boxes:
 - ☐ I have a religious or other objection to receiving medical treatment.
 - ☐ I consent to emergency medical care, but I do not consent to blood transfusions.(If either box is checked, an EMERGENCY MEDICAL CARE REFUSAL FORM must be completed.)
5. **Health Programs.** If I choose to participate in a Special Olympics health program, I consent to health-related activities, physical examinations, and treatment. I understand that this should not replace regular medical care. I understand that I can stop participating or say no to treatment or any other activity any time.
6. **Personal Information.** I understand that my personal information may be used and shared by employees and volunteers of Special Olympics organizations to:
 - Make sure I am eligible and can participate safely in Special Olympics activities;
 - Coordinate training and competition events and publish competition results;
 - Put my information into a computer database maintained by Special Olympics;
 - Provide healthcare treatment, make referrals, consult doctors, and remind me about follow-up services;
 - Research, communicate, and respond to needs of Special Olympics participants (identifying information is removed if shared with the public); and
 - Protect health and safety, respond to government requests, and report information as required by law.I understand I can ask to see and revise my personal information and to limit how my information is used.

PARTICIPANT NAME: _____

PARTICIPANT SIGNATURE (required if Participant is over 18 years old and is signing on own behalf)

I have read and understand this release. If I have any questions, I will ask. By signing, I agree to this release.

Participant Signature: _____ Date: _____

PARENT/GUARDIAN SIGNATURE (required if Participant is under 18 years old or has a legal guardian)

I am a parent or guardian of the Participant. I have read and understand this form and have explained the contents to the Participant as appropriate. By signing, I agree to this form on my own behalf and on behalf of the Participant.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Relationship: _____