

Young Athletes Program Name: \_\_\_\_\_

The Special Olympics New Hampshire Young Athletes Program is open to children between the ages of 2 and 7 years. Please register children with an Intellectual Disability as an Athlete and children without an Intellectual Disability as a Partner.

**Section A: Participant Information**

Name \_\_\_\_\_  Athlete  Partner  
 Home Street Address \_\_\_\_\_  Female  Male  
 Home City, State & Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Is there anything about your child that you think we should know before he/she participates in the Young Athletes Program?

\_\_\_\_\_

**Section B: Parent/Guardian Information**

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
 Home Street Address \_\_\_\_\_ Phone # \_\_\_\_\_  Home  Cell  
 Home City, State & Zip \_\_\_\_\_ Email \_\_\_\_\_  Home  Work

**Section C: Special Olympics Release and Waiver of Liability**

I, as an adult age 18 or older and the parent/guardian of the minor child on whose behalf I have submitted this form, understand and agree that:

- 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 Young Athletes Program 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 the Young Athletes Program events and further agree that if, despite this 'Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement,' I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.
- In consideration of participating in Special Olympics Young Athletes Program, I represent that I understand the nature of the event and that my minor child is qualified, in good health, in proper physical condition to participate in the Special Olympics Young Athletes Program. I fully understand the event involves risks of serious bodily injury, which may be caused by my child's actions or inactions, 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, cost, and/or damages my minor child may incur as a result of his/her participation. I acknowledge that at any time that if he/she feels that the event conditions are unsafe, my minor child will discontinue participation immediately.
- If during my participation in Special Olympics activities my child should need emergency medical treatment and I am not able to give my consent for or make my own arrangements for that treatment because of my absence or other reasons, I authorize Special Olympics to take whatever measures are necessary to protect the child's health and well-being, including, if necessary, hospitalization.
- I understand that, as outlined in the Concussion Awareness & Safety Recognition Policy, if my child is suspected of sustaining a concussion while participating in a Special Olympics practice or game, he/she will be removed from the practice/game at that time and may not participate in a Special Olympics activity until written clearance from a qualified medical professional has been provided.
- I grant Special Olympics permission to use my child's likeness, voice, and words in television, radio, film, websites, social media or in any form to promote activities of Special Olympics.
- I give my permission for my child to participate in optional health education and screening activities (for example, dental, vision and hearing screenings).
- I acknowledge that Special Olympics events may involve overnight activities and that the housing arrangements or each event may differ. I understand that I should contact the Special Olympics program in my jurisdiction if I have any questions about housing arrangements for a specific event or the housing policy in general.

I have read and fully understand this 'Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement' as well as the Athlete Code of Conduct. Through my signature on this release form, I am agreeing to these provisions on my own behalf and on behalf of the athlete.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_