

UNIFIED SPORTS SCHOOL INVITATIONAL PERMISSION SLIP & WAIVER

I _____, am the parent/guardian of the child(ren) listed below (collectively, the "Participant(s)") and I hereby grant the Participant permission to participate in training and/or competition activities (the "Activities") related to the Unified Sports Schools Invitational (the "Invitational"). I acknowledge participation in the Activities may include physical exertion and that, by participating, the Participant is at risk to suffer physical injury up to and including death. I understand I alone am responsible for determining Participant's physical fitness and suitability to participate in the Invitational. If, in my sole discretion, I have determined Participant's suitability to participate in the Invitational, I assume all risks of illness, injury or death related to participation in the Activities.

I grant my permission, (both during participation in the Activities and any time after), to Special Olympics to use Participant'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 applicable, I grant the school or other organization arranging the Activities permission to provide Special Olympics Minnesota, Inc. the Participant's name, gender, date of birth and athlete status ("Student Athlete:" a child diagnosed with an intellectual disability, "Student Partner:" a child not diagnosed with an intellectual disability.)

I expressly forever release and discharge Special Olympics Minnesota, Inc. from, and hereby waive, any claim that I might have or make against Special Olympics Minnesota, Inc. for any illness, injury or death (collectively, a "Loss") arising out of or relating to Participant's involvement with the Invitational, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of Special Olympics Minnesota, Inc. or its agents, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

The foregoing release, discharge and waiver is made by me individually and on behalf of my heirs, executors, and assigns. In consideration for being allowed to participate in the Activities, I understand and agree that the effect of signing this Waiver is to WAIVE, RELEASE, AND DISCHARGE all of my and my heirs', executors' and assigns' legal rights to file any lawsuit or to recover any money damage against Special Olympics Minnesota, Inc. with respect to any Loss. I hereby agree to indemnify and defend Special Olympics Minnesota, Inc. from and against, any claims, demands, liabilities, causes of action, suits, judgments, damages, attorney's fees and expenses relating in any way to my participating in the Activities.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Name: _____ Date of Birth: _____ Gender: _____

Participant's School: _____

Participant's Phone: Home: _____ Cell: _____

Participant's Email Address: _____

Participant Information (REQUIRED):

- ☐ Student Athlete (*individual with an intellectual disability*)
☐ Student Partner (*individual without an intellectual disability*)
☐ Coach or Team Leader

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Signature: _____

OR

☐ Participant is a legal adult and their own guardian, and no Parent/Guardian signature is required.

Participant's Signature : _____