OFFICIAL SPECIAL OLYMPICS RELEASE FORM
INSTRUCTIONS

Before the athlete can participate in Special Olympics, the attached Official Special Olympics Release Form must be correctly completed, postmarked by the appropriate medical deadline date for whichever sport the athlete is participating in (see dates below) and approved by the Headquarters Office. This form must be mailed along with the Application For Participation in Special Olympics form.

TOP SECTION
If the athlete is their own guardian and 18 years of age or older, they must sign and date the top section. A witness must also sign this portion of the form and state their relationship to the athlete.

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.

**INCOMPLETE FORMS WILL BE RETURNED TO THE AGENCY MANAGER**

MAIL THE FORM TO: SPECIAL OLYMPICS WISCONSIN
2310 CROSSROADS DR., SUITE 1000
MADISON, WI 53718

<table>
<thead>
<tr>
<th>SPORT</th>
<th>MEDICAL DEADLINE DATE</th>
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</thead>
<tbody>
<tr>
<td>Flag Football</td>
<td>SEPTEMBER 15</td>
</tr>
<tr>
<td>Bowling &amp; Volleyball</td>
<td>OCTOBER 1</td>
</tr>
<tr>
<td>Skiing, Skating, Snowshoeing &amp; Snowboarding</td>
<td>DECEMBER 1</td>
</tr>
<tr>
<td>Basketball &amp; Gymnastics</td>
<td>FEBRUARY 1</td>
</tr>
<tr>
<td>Aquatics, Athletics, Soccer &amp; Powerlifting</td>
<td>APRIL 1</td>
</tr>
<tr>
<td>Softball, Tee Ball, Tennis, Golf &amp; Bocce</td>
<td>JUNE 1</td>
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</table>
OFFICIAL SPECIAL OLYMPICS RELEASE FORM

TO BE COMPLETED BY ADULT ATHLETE

I am at least 18 years old and have submitted the attached Application for Participation in Special Olympics. 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 medical professional has reviewed the health information contained in my application and has certified, based on an independent medical examination, that there is no medical evidence that would preclude me from participating in Special Olympics. I understand that if I have Down syndrome, axial instability, spinal stenosis, cervical spondylosis, hyperextension, radial 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 jurisdiction 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, 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 forever 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 publicizing, promoting or communicating the purposes and activities of Special Olympics and/or applying for funds to support these purposes and activities.

I understand that by signing below I consent to participate in the Special Olympics Healthy Athletes Program, which provides individual screening assessments of health status and health care needs in the areas of: vision, oral health, hearing, physical therapy, and a variety of health promotion areas (height, weight, sun protection, etc.). I understand that information gathered as part of the Healthy Athletes Program screening process may be used in group form (anonymously) to assess and communicate the overall health needs of athletes and to develop programs to address those needs. I understand there is no obligation for me to participate in the Healthy Athletes Program and that I may decide not to participate. Provision of these health services is not intended as a substitute for regular care. I also understand that I should seek my own independent medical advice and assistance irrespective of the provisions of these services and that Special Olympics is not, through the provision of these services, responsible for my health.

I acknowledge that Special Olympics events may involve overnight activities and that the housing arrangements for 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.

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 for any reason, I authorize Special Olympics to take whatever measures it deems necessary to protect my health and well-being, including, if necessary, hospitalization.

I agree to be held accountable for the standards outlined in the Athlete Code of Conduct. In addition, I understand that Special Olympics reserves the right to conduct a background screening when deemed appropriate.

I acknowledge that Special Olympics events may involve overnight activities and that the housing arrangements for 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, the parent/guardian of , the minor Athlete, on whose behalf I have submitted the attached Application for Participation in Special Olympics. 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 medical professional 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, axial instability, the Athlete cannot participate in sports or events which, by their nature, result in hyper-extension, radial 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 jurisdiction, 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, 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 forever 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 publicizing, promoting or communicating the purposes and activities of Special Olympics and/or applying for funds to support these purposes and activities.

By signing below, I also am permitting the Athlete to participate in the Special Olympics Healthy Athletes Program, which provides individual screening assessments of health status and health care needs in the areas of: vision, oral health, hearing, physical therapy, and a variety of health promotion areas (height, weight, sun protection, etc.). I understand that information gathered as part of the Healthy Athletes Program screening process may be used in group form (anonymously) to assess and communicate the overall health needs of athletes and to develop programs to address those needs. I understand that notwithstanding my consent, there is no obligation for the Athlete to participate in the Healthy Athletes Program and that I may decide the Athlete will not participate. I understand that provision of the health services is not intended as a substitute for regular care. I also understand 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, pentathlon, butterfly stroke and diving starts in swimming, high jump, alpine skiing, snowboarding, squat lift and football team competition (soccer).

I acknowledge that Special Olympics events may involve overnight activities and that the housing arrangements for 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.

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, that Special Olympics deems advisable in order to protect the Athlete's health and well-being.

By permitting the Athlete to participate, I understand the Athlete agrees to be held accountable for the standards outlined in the Athlete Code of Conduct. 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 above. 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.