This page MUST BE RETURNED

ATHLETE PARTICIPATION WAIVER

Special Olympics Maryland

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

1. **Able to Participate.** I am eligible and able to take part in Special Olympics activities. I know there is a risk of injury.

2. **Photo Release.** Special Olympics organizations may use my picture, video, name, voice, and words to promote Special Olympics without compensation to me, my family or representatives.

3. **Overnight Stay.** For some events, I may be required to stay overnight. I understand the health and safety of all Special Olympics Maryland participants is of paramount importance to Special Olympics Maryland. Athletes will be matched for housing based on size, level of maturity, ability and age. Each **member** of the delegation shall be assigned his/her own bed. Athletes and volunteers may not share a room with an athlete or volunteer of the opposite sex *. The chaperone/athlete ratio of at least one properly registered chaperone to every four athletes must be maintained during overnight events. All chaperones must be screened in accordance with the Special Olympics Volunteer Screening Policy. *See complete Special Olympics Maryland Housing Policy for allowed exceptions. The complete Special Olympics Maryland Housing Policy can be found at www.somd.org if I have questions, 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 take part in a health program, I consent to health activities, exams, and treatment. This should not replace regular health care. I can say no to treatment or anything else any time.

6. **Personal Information.** I understand my information may be used and shared by Special Olympics to:
   - Make sure I am eligible and can participate safely;
   - Run trainings and events and share results;
   - Put my information in a computer system;
   - Provide health treatment, make referrals, consult doctors, and remind me about follow-up services;
   - Research, share, and respond to needs of Special Olympics participants (identifying information removed if shared publically); and
   - Protect health and safety, respond to government requests, and report information required by law.

   I can ask to see and revise my information. I can ask to limit how my information is used.

7. **Concussions.** I understand the risk of concussions and continuing to play sports with a concussion. I may have to get medical care if I have a suspected concussion. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again. Go here for more Concussion information: https://www.cdc.gov/headsup/

PARTICIPANT NAME: _____ **AREA/COUNTY PARTICIPATING WITH:** Montgomery County

PARTICIPANT SIGNATURE (required if 18 + years old and signing on own behalf) I have read and understand this release. If I have questions, I will ask. By signing, I agree to this form.

Participant Signature: _____ Date: _____

PARENT/GUARDIAN SIGNATURE (required if 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: _____

Signed form should be scanned and emailed to: medical@somdmontgomery.org
or faxed to: 888 662-6265