



Unified Partner Release Form

Team Name: _____ Region: _____

Unified Partner Information

Last Name: _____ First: _____ Middle: _____ Sex: Male Female Birth date: ___/___/___

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone No.: (____) _____

Name of Parent or Guardian: _____ Phone No.: (____) _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Emergency Information

Person to be contacted in case of emergency: _____

Address: _____ Phone No.: (____) _____

Health and Accident Insurance Information

Company Name: _____ Policy No.: _____

Health Information

History of:

- | | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Bleeding Problems | <input type="checkbox"/> Yes <input type="checkbox"/> No Bone Or Joint Problems |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Hearing Problems | <input type="checkbox"/> Yes <input type="checkbox"/> No Vision Problems |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Head Injury | <input type="checkbox"/> Yes <input type="checkbox"/> No Contact Lenses/Glasses |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Fainting Spells | <input type="checkbox"/> Yes <input type="checkbox"/> No Hearing Aid |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Heart Problems | <input type="checkbox"/> Yes <input type="checkbox"/> No Functional Impairment |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Heat Illness or Cold Injury | <input type="checkbox"/> Yes <input type="checkbox"/> No Requiring Special Equipment |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Hernia | <input type="checkbox"/> Yes <input type="checkbox"/> No Emotional Problems |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Recent Contagious Disease | <input type="checkbox"/> Yes <input type="checkbox"/> No Special Diet Needs |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Female Illness or Hepatitis | <input type="checkbox"/> Yes <input type="checkbox"/> No Other |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Pregnancy | |

Medications/Immunizations

Medication Name _____ Amount _____ Time _____ Date Prescribed _____

Allergies to Medication: Yes No Describe: _____

Tetanus: Yes No Date Of Last Shot: ___/___/___ Polio: Yes No Date Of Last Shot: ___/___/___

I _____, am at least 18 years old. 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.

Special Olympics has my permission to use my likeness, name, voice, or words in either television, radio, film, newspapers, magazines, and other medias, 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 during my participation in special Olympics activities, I should need emergency medical treatment, and am not able to give my consent or make my own arrangements for that treatment because of my injuries. I authorize Special Olympics to take whatever measures are necessary to insure that I receive the emergency medical treatment which Special Olympics deems necessary to protect my health and well-being, including if necessary, hospitalization.

I, the undersigned have read and fully understand the provisions of the above release and hereby agree that I will be bound thereby and shall defend you and hold you harmless of and disaffirmation.

Signature of Adult Unified Partner: _____ Date: _____

I, the undersigned, am parent (Guardian) of the bellow specific person. I have read and fully understand the provisions of the above release and have explained them to that person. I hereby agree that I and said person will be bound thereby and shall defend you and hold you harmless for any disaffirmation thereof by said person.

I hereby give my permission for _____ to participate in Special Olympics games, recreation programs, and physical activity programs.

Signature of Parent/Guardian for Unified Partner under18: _____ Date: _____