



FORM B 1 – Delegate, Coach & Unified Partner Release Adult

Release Form for Delegation, Coaches and Unified Partners

I _____ am at least 18 years old and have submitted the attached application for participation as a Delegate, Coach or Unified Partner for the Special Olympics World Games Los Angeles 2015 ("Games"). I hereby authorize, without compensation to me, Special Olympics, Inc. and/or the Special Olympics World Games Los Angeles 2015 Organizing Committee (collectively, "Special Olympics"), both during and any time after the Games to use, and license others to use, my name, voice, likeness, statements or words in television, radio, film, newspapers, magazine, on the internet or any other media, in any form, for the purpose of publicizing, promoting, advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities. I agree to abide by the Coaches Code of Conduct during the Games.

Signature: _____ Date: _____
dd/mm/yyyy

Waiver & Release

I fully understand the risks involved with participation in the Games and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I may incur as a result of my participation in the Games. I further understand that Special Olympics, Inc. will own the information I provide in the registration materials and will share that information with the Special Olympics World Games Los Angeles 2015 as further described below.

I hereby release, discharge, and covenant not to sue Special Olympics, Inc., the Special Olympics World Games Los Angeles 2015, and each organization's respective administrators, directors, agents, officers, volunteers, and employees, and other participants ("Releases") from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releases or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost which I may incur as the result of such claim.

I have read this **Waiver & Release** and understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Signature: _____ Date: _____
dd/mm/yyyy

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 treatment because of my injuries, I authorize Special Olympics to take whatever measures it deems advisable to protect my health and well-being, including hospitalization if necessary.

Signature: _____ Date: _____
dd/mm/yyyy

I understand that Special Olympics, Inc. is collecting my personal information as provided by me through this registration packet and that all such information may be transferred to, and processed and maintained in the United States. I further understand and acknowledge that Special Olympics, Inc. may disclose my personal information, including the information collected through this registration material, to the Special Olympics World Games Los Angeles 2015 Organizing Committee and that either Special Olympics, Inc. or the Special Olympics World Games Los Angeles 2015 Organizing Committee will input the personal information I provided into a computerized database that will be maintained by Special Olympics, Inc. after the Games end. I further understand that Special Olympics, Inc. and the Special Olympics World Games Los Angeles 2015 Organizing Committee may use the information provided by me to conduct the Games, and for the following or similar purposes: 1) compiling results of the Games for Special Olympics, Inc., the Special Olympics World Games Los Angeles 2015 Organizing Committee, the media and the public (including via a Web site that may provide certain information about me and video or pictures of me participating at the Games); 2) verifying participation in the Games; 3) conducting training on divisioning; 4) conducting statistical analysis; 5) providing Games related services, such as housing, transportation, meals and medical; 6) protecting my health and safety by providing the necessary information to medical personnel, hospitals, or insurers; and 7) publicizing and promoting Special Olympics. I acknowledge and understand that Special Olympics, Inc. and/or the Special Olympics World Games Los Angeles 2015 Organizing Committee may disclose my personal information to certain government authorities for the purpose of obtaining any required visas or as lawfully requested by any government authority.

I have read this form and fully understand the provisions of the release that I am signing. I understand that by signing this form I am saying I agree to the provisions of this release.

Printed Name of Delegate, Unified Partner, or Coach

Signature of Delegate, Unified Partner or Coach

Date (dd/mm/yyyy)