

OFFICIAL SPECIAL OLYMPICS NORTH DAKOTA CONSENT FORM

Area Program: _____

Athlete Name: _____

Birth Date: _____

I, _____, am at least 18 years old and am my own legal guardian. **Please complete Section A only.**

I, _____, am at least 18 years old, but am **NOT** my legal guardian. **Parent/guardian must complete Section B.**

Section A: Consent To Be Completed By Adult Athlete

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 physician has reviewed the health information contained in my application and has certified, based on a independent medical examination, that there is no medical evidence which would preclude me from participating in Special Olympics. I understand that if I have Down Syndrome, I cannot participate in sports or events which, by their nature, result in hyper-extension, radical flexion or direct pressure on my neck or upper spine unless I have submitted the Special Consent for Athletes with Down Syndrome, available from the Special Olympics program in my state, or I have had a full radiological examination which established the absence of Atlanto-axial Instability. I am aware that if I choose not to complete the Special Consent for Athletes with Down Syndrome form which established the absence of Atlanto-axial Instability, I must have the radiological examination before I can participate in equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in aquatics, high jump, alpine skiing and soccer.

Special Olympics has my permission, (both during and anytime after), to use my likeness, name, voice, or words in either television, radio, film, newspapers, magazines, Web site and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Special Olympics an/or applying for funds to be used for these purposes and activities.

If, during my participation in Special Olympics, I should need emergency medical treatment, and I am not able to give my consent or make my own arrangements for the treatment because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

I, the athlete named above, have read this paper and fully understand the provisions of the consent that I am signing. I understand that by signing this paper, I am saying that I agree to the provisions of this consent.

Signature of Adult Athlete (required)

Date

Signature of Witnessing Adult (required)

Date

Section B: Consent To Be Completed By Parent or Guardian of Athlete

I am the parent/guardian of, _____, on whose behalf I have submitted the attached Application for Participation in Special Olympics. I hereby represent that 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 activities. With my approval, a licensed physician has reviewed the health information contained in my application and has certified, based on a 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, he/she cannot participate in sports or events which, by their nature, result in hyper-extension, radical flexion or direct pressure on the neck or upper spine unless two physicians and myself have completed the Special Consent for Athletes with Down Syndrome, available from the Special Olympics program in my state, or the athlete has had a full radiological examination which established the absence of Atlanto-axial Instability. I am aware that if I choose not to complete the Special Consent for Athletes with Down Syndrome form which established the absence of Atlanto-axial Instability, the athlete must have the radiological examination before he/she can participate in equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in aquatics, high jump, alpine skiing and soccer.

In permitting the athlete to participate, I am specifically granting my permission (both during and anytime after), to Special Olympics to use the athlete's likeness, name, voice, or 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 an/or applying for funds to support those purposes and activities.

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 personally 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, which Special Olympics deems advisable in order to protect the athlete's health and well-being.

I, the parent/guardian of the athlete named in this application. I have read and fully understand the provisions of the above consent, and have explained these provisions to the athlete. Through my signature on this consent form, I am agreeing to the above provisions on my own behalf and on the behalf of the athlete name above.

I hereby grant my permission for the above named athlete to participate in Special, Olympics, recreation programs, and physical activity programs.

Signature of Parent/Guardian (required)

Date