



# HIGH SCHOOL UNIFIED SPORTS PARTICIPANT RELEASE



**RELEASE FORM MUST BE COMPLETED BY PARENT/GUARDIAN OF STUDENT IN ORDER TO PARTICIPATE IN HIGH SCHOOL UNIFIED SPORTS AT AN AIA MEMBER HIGH SCHOOL. THIS FORM MUST BE COMPLETED LEGIBLY, SIGNED, AND DATED TO BE CONSIDERED VALID**

PARTICIPANT NAME First \_\_\_\_\_ Last \_\_\_\_\_  
D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_

**GENERAL RELEASE: TO BE COMPLETED BY ALL HIGH SCHOOL UNIFIED SPORTS PARTICIPANTS**

**I am the Parent or Guardian of the high school Unified Sports participant named above and agree to the following:**

- 1. **Able to Participate.** The participant is physically able to take part in Special Olympics / AIA Unified Sports.
- 2. **Likeness Release.** I give permission to Special Olympics, Inc., Special Olympics games organizing committees, and Special Olympics accredited Programs (collectively "Special Olympics") and the Arizona Interscholastic Association to use the participant's likeness, photo, video, name, voice, and words to promote Special Olympics / AIA Unified Sports and raise funds for Special Olympics / AIA Unified Sports.
- 3. **Risk of Concussion and Other Injury.** I know there is a risk of injury. I understand the risk of continuing to participate with or after a concussion or other injury. The participant may have to get medical care if there is a suspected concussion or other injury. The participant also may have to wait 7 days or more and get permission from a doctor before playing sports again.
- 4. **Emergency Care.** If a parent or guardian is unavailable to consent or make medical decisions in an emergency, I authorize Special Olympics and/or the Arizona Interscholastic Association to seek medical care for the participant, unless one of the following boxes is checked:
  - I have a religious or other objection to receiving medical treatment.
  - I do not consent to blood transfusions.
 (If either box is checked, an EMERGENCY MEDICAL CARE REFUSAL FORM must be completed.)
- 5. **Overnight Stay.** For some events, the participant may stay in a hotel or someone's home. If I have questions, I will ask.
- 6. **Health Programs.** If the participant takes part in a Special Olympics health program, I consent to health activities, exams, and treatment for the participant. This should not replace regular health care. I can say no to treatment or anything else any time for the participant.
- 7. **Personal Information.** I understand my information may be used and shared by Special Olympics and/or the Arizona Interscholastic Association 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 athletes (identifying information removed if shared publicly); and
  - Protect health and safety, respond to government requests, and report information required by law.
 I can ask to see and change my information.

As the parent or guardian of the high school Unified Sports 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: \_\_\_\_\_

**ADDITIONAL UNIFIED PARTNER RELEASE: TO BE COMPLETED BY GENERAL EDUCATION STUDENTS ONLY**

**Waiver and Liability Release.** I understand the risks involved with participation in Special Olympics / AIA Unified Sports activities. 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. I hereby release and covenant not to sue any Special Olympics organization and/or the Arizona Interscholastic Association, its administrators, directors, agents, volunteers, and employees, and other participants ("Releasees") related to any liabilities, claims, or losses on my account caused or alleged to be caused in whole or in part by the Releasees. I further agree that if, despite this release, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify and hold harmless each of the Releasees from any such liabilities, claims, or losses as the result of such claim. I have read this waiver and release and understand that I have given up substantial rights by signing it. I have signed it freely and without any inducement or assurance and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law. I agree that if any part of this form is held to be invalid, the other parts shall continue in full force and effect.

I, the Parent/Guardian of this Unified Partner participant, acknowledge that I have read and understand the additional provisions stated above. By signing below, I agree to these provisions on my own behalf and on behalf of the Unified Partner participant.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_