

ATLANTO-AXIAL INSTABILITY (AAI) SPECIAL RELEASE FORM

(SPECIAL RELEASE CONCERNING SPINAL CORD COMPRESSION AND ATLANTO-AXIAL INSTABILITY)

Instructions:

Only complete this form if symptoms of spinal cord compression or Atlanto-axial instability were found in a pre-participation examination and a doctor then provided clearance for participation following a neurological evaluation.

I agree to the following:

- 1. **Spinal Cord Compression Symptoms.** In a pre-participation examination, a licensed medical professional found symptoms that might be the result of spinal cord compression or Atlanto-axial instability.
- 2. **Neurological Evaluation.** After a neurological evaluation, a qualified doctor concluded that:
 - The cause of the symptoms will not result in additional risk of neurological injury due to participation in sports, and
 - Participation in Special Olympics activities is safe without restrictions or with restrictions that will be shared with Special Olympics and followed.
- 3. **Liability Release.** I acknowledge that I have been informed of the findings and determinations of the physician. I release and hold harmless Special Olympics from all claims in connection with possible spinal cord compression or Atlanto-axial instability.

ATHLETE NAME:	
ATHLETE SIGNATURE (required if Athlete is over 18 years old and is signing on own behalf)	
I have read and understand this release. By signi	ng, I agree to this release.
Athlete Signature:	Date:
PARENT/GUARDIAN SIGNATURE (required if A	thlete is under 18 years old or has a legal guardian)
understand this release and have explained the co	thorized to enter into this release on the Athlete's behalf. I have read and ntents to the Athlete as appropriate. By signing, I agree to this release on Release shall be binding upon me, the Athlete and our respective heirs
Parent/Guardian Signature:	Date:
Printed Name:	Relationship: