



HOLD HARMLESS PURPOSE AND EXPLANATION

All health care providers recruited for or volunteering to conduct health screenings at Special Olympics Healthy Athletes events **must** have malpractice insurance, either from a private insurance carrier or through an institution, that is primary insurance and covers the volunteer for his/her Healthy Athletes related activities. Additionally, volunteer health care providers **must** have a valid license to practice in the state in which the Healthy Athletes event is being conducted. Special Olympics, Inc. (SOI) has medical malpractice insurance that provides secondary insurance coverage to a Healthy Athletes volunteer's primary insurance coverage in the event that a malpractice/liability claim were filed against the volunteer, SOI and/or its Programs are located solely in the United States (the "SOI Insurance Policy") and the policy requirements are satisfied. The specifics of the coverage are outlined below. To be eligible for coverage a volunteer must:

- Be covered by a primary medical malpractice insurance policy that applies to Healthy Athletes volunteer activities;
- Be properly licensed in the State where the services are provided; and
- Sign a hold harmless agreement

The purpose of the hold harmless agreement is to protect Special Olympics as an entity if it is brought into a claim as a result of the negligent actions of a Healthy Athletes volunteer. Similarly, the agreement protects the individual volunteer if he or she is brought into a claim resulting from the negligence of Special Olympics. The language in the agreement does not cause the individual volunteer to assume responsibility for Special Olympics for any conduct which is not connected with the volunteer's actions. **Special Olympics values and appreciates the services and dedication of its Healthy Athletes volunteers**, but is not able to retain liability for potentially negligent acts of all volunteers in the program. Therefore, the mutual hold harmless language is a method by which each party is protected and protects the other for claims that may arise out of the program.

The SOI Insurance Policy provides the following coverage effective from 1/1/2010 to 12/31/2010. The policy covers volunteer Dentists (DDS, DMD), Doctors of Medicine and Osteopathy (MD, DO), Optometrists (OD), Podiatrists, physical therapists, and Audiologists providing non-invasive screening and educational material to athletes while acting in his/her professional capacity solely on behalf of Special Olympics as a Special Olympics registered volunteer in the U.S.

The policy applies excess of any other valid and collectible insurance. It provides a \$1,000,000 per occurrence limit and \$3,000,000 general aggregate, subject to a \$5,000 deductible.

The SOI Policy **ONLY** provides coverage to parties at Healthy Athletes events conducted in the United States. **Liability and legal requirements for volunteer health care providers at events outside of the United States are dictated by the laws of that country, province, state, etc. To protect both the health care providers and SOI, however, health providers at events outside the United States also MUST sign the hold harmless agreement prior to participating in a screening.**



Hold Harmless Agreement

The individual(s) listed below shall defend, hold harmless and indemnify Special Olympics, Inc., and its local programs, and each organization's directors, officers, agents, employees and volunteers from and against any and all liability, loss, expense (including reasonable attorney's fees), or claims for injury or damages that are caused by or that are a result from the negligent or intentional acts or omissions by the person or entity named above who provides screening services as provided as part of the Special Olympics Healthy Athletes program.

Special Olympics, Inc. shall defend, hold harmless and indemnify the individual(s) listed below against any and all liability, loss, expense (including reasonable attorney's fees), or claims for injury or damages that are caused by or that are a result of the negligent or intentional acts or omissions of Special Olympics, Inc. and/or its local programs, and each organization's directors, officers, agents, employees, and volunteers with regard to the Special Olympics Healthy Athletes program.

SPECIAL OLYMPICS PROGRAM SIGNATURE AND EVENT INFORMATION:

SO Program Rep Signature	Program Name	Event Date(s)	Current Date
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VOLUNTEER/AGENT FOR ORGANIZATION SIGNATURES:

		Check if you <u>DO</u> <u>NOT</u> have malpractice Insurance	Check if you are a Clinical/ Medical <u>STUDENT</u>	Do you <u>HAVE A VALID LICENSE</u> to practice in State in which services are being delivered?	
Printed Name	Signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Date
Printed Name	Signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Date
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