



FORM B1 – 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 2013 Special Olympics World Winter Games (“Games”). I hereby authorize, without compensation to me, Special Olympics, Inc. and the 2013 Special Olympics World Winter Games 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.

Signature: _____ **Date:** _____

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 2013 Special Olympics World Winter Games.

I hereby release, discharge, and covenant not to sue Special Olympics, Inc., the 2013 Special Olympics World Winter Games, their respective administrators, directors, agents, officers, volunteers, and employees, and other participants (“Releasees”) 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 Releasees 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 Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which I may incur as the result of such claim.

I have read this **Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement**, 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. I agree to abide by the Coaches Code of Conduct during the Games.

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:** _____

I understand that Special Olympics, Inc. (SOI) is collecting my personal information as provided by me through this registration packet. I further understand and acknowledge that SOI will disclose my personal information, including the information collected through this registration material, to the 2013 Special Olympics World Winter Games Organizing Committee (GOC) and that either SOI or the GOC will input the personal information I provided into a computerized database that will be maintained by SOI after the 2013 Games end. I further understand that SOI and the GOC will use the information provided by me to conduct the 2013 Games, including for the following or similar purposes: 1) compiling results of the Games for SOI, 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 2013 Games); verifying participation in the 2013 Games; conducting training on divisioning; conducting statistical analysis; and providing 2013 Games related services, such as housing, transportation, meals and medical. I acknowledge and understand that the GOC may disclose my personal information to certain government authorities for the purpose of obtaining any required visas so that I may travel to the United States.

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