

## FORM C 2 – Athlete Authorization Adult

### Section A

#### Authorization to be completed by ADULT ATHLETE

I, \_\_\_\_\_ am at least 18 years old and have submitted the attached application for participation in Special Olympics.

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 medical professional has reviewed the health information contained in my application and has certified, based on an independent medical examination, that there is no medical evidence that 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 and two physicians have completed the official Special Release for Athletes with Atlanto-Axial Instability, available from the Special Olympics Program in my jurisdiction, or I have had a full radiological examination which establishes the absence of Atlanto-axial Instability. I am aware that if I choose not to complete the Special Release for Athletes with Atlanto-Axial Instability form, which establishes the absence of Atlanto-axial Instability, I must have the radiological examination ruling out Atlanto-Axial Instability before I can participate in equestrian sports, gymnastics, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, and football (soccer).

Special Olympics Inc. has my permission forever to use and allow others to use my likeness, name, voice or words in television, radio, film, newspapers, magazines, on the Internet, World Wide Web and/or in other media, and in any form, throughout the world for the purpose of publicizing, promoting or communicating the purposes and activities of Special Olympics, including the 2013 Special Olympics World Winter Games (Games) and/or applying for funds to support these purposes and activities.

I understand that by signing below I consent to participate in the Special Olympics Healthy Athletes program that provides individual screening assessments of health status and health care needs in the areas of: vision; oral health; hearing; physical therapy; and a variety of health promotion areas (height, weight, sun protection, etc.). I understand that notwithstanding my consent, there is no obligation for me to participate in the Healthy Athletes program and that I may decide not to participate at any time. I understand that provision of these screening services is not intended as a substitute for regular care. I also understand that I should seek my own independent medical advice and assistance irrespective of the provisions of these services and that Special Olympics is not, through the provision of these services responsible for my health. I understand that information gathered as part of the Healthy Athletes program screening process may be used in group form (anonymously) to assess and communicate the overall health needs of athletes and to develop programs to address those needs.

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 that treatment for any reason, I authorize Special Olympics to take whatever measures it deems necessary to protect my health and well-being, including, if necessary, hospitalization

**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 Games); verifying participation in the 2013 Games; conducting training on divisioning; conducting statistical analysis; providing 2013 Games related services, such as housing, transportation, meals and medical; and for other purposes as SOI or the GOC may deem necessary to protect my health and safety. 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 Republic of Korea.**

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

\_\_\_\_\_  
Signature of Adult Athlete

\_\_\_\_\_  
Date

I hereby certify that I have reviewed this Authorization with the athlete whose signature appears above. I am satisfied based on that review that the athlete understands this Authorization and has agreed to its terms.

Name (Print) \_\_\_\_\_

Relationship to athlete \_\_\_\_\_  
(E.g. family member, teacher, coach, etc.)