

Athlete & Unified Partner Release Form (Under 18 years old)



This is a release form for a parent or guardian to sign on behalf of an athlete or Unified Partner, who is under the age of 18.

This should be signed so that they can become a member of Special Olympics Great Britain and take part in its related activities.



Please read all the information in this form.



And then fill in your details and sign it.

The athlete or Unified Partner must understand and agree to the details in this form.



If the athlete or Unified Partner is over 18 years old, they should fill in a different release form.

Athlete & Unified Partner Release Form (Under 18 years old)



To take part in Special Olympics an athlete or Unified Partner must:



Be physically able to take part.



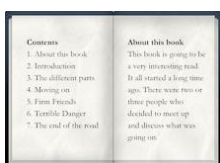
Be mentally able to take part.



Have completed a Health & Information Form, that confirms they do not have any health conditions that would affect you taking part.

Special Olympics recommend that an athlete or Unified Partner has regular health checks by a licensed physician.

Using athlete or Unified Partners information



Special Olympics might use an athletes or Unified Partners story, photo, video or name in different ways to promote what they do and to apply for funding.



Participation in the Special Olympics Healthy Athletes Programme is optional. Data collected by the Healthy Athletes Programme may be used (with personal details removed) for research purposes.

Medical treatment



If an athlete hurts themselves when taking part in Special Olympics activities they might need emergency medical treatment and you, the parent or guardian, may be unavailable



If this happens then Special Olympics will do what is needed to make sure they are protected and receive appropriate emergency medical care, including hospitalisation if needed.

Photos by Photosymbols

Athlete & Unified Partner Release Form (Under 18 years old)



Sign

I confirm that I have read this release form, I am over 18 years old and the athlete or Unified Partners (named below) parent or guardian. I understand the requirements and I agree to them. I have also explained these to the athlete or Unified Partner.



I give permission for the athlete or Unified Partner to participate in Special Olympics activities including sports coaching and competition, social events and the Healthy Athletes Programme.



Athlete or Unified Partners Name:

Parent or Guardian Name:



Your relationship to the athlete or Unified Partner (Parent or Guardian):



Sign here (Parent or Guardian):



Date:

Photos by Photosymbols