



Imię i nazwisko zawodnika _____

ATHLETE & UNIFIED PARTNER RELEASE FORM

I agree to the following:

1. **Ability to Participate.** I am physically able to take part in Special Olympics activities.
2. **Likeness Release.** I give permission to Special Olympics, Inc., the Special Olympics Local Organizing Committee, and accredited Special Olympics Programs (collectively "Special Olympics") to use my likeness, photo, video, name, voice, words, and other biographical information to promote Special Olympics and raise funds for Special Olympics.
3. **Risk of Concussion and Other Injury.** I know there is a risk of injury. I understand the risk of continuing to play sports with or after a concussion or other injury. I may have to get medical care if I have a suspected concussion or other injury. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again.
4. **Emergency Care.** If I am unable, or my guardian is unavailable, to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care on my behalf, unless I mark one of these boxes:

I have a religious or other objection to receiving medical treatment. (Not common.)

I do not consent to blood transfusions. (Not common.)

(If either box is marked, an EMERGENCY MEDICAL CARE REFUSAL FORM must be completed.)

5. **Overnight Stay.** For some events, I may stay in a hotel or someone's home. If I have questions, I will ask them.
6. **Health Programs.** If I take part in an SOI organized health program ("Health Program"), I consent to participating in all Health Program activities, screenings, and treatment. Health Programs shall not replace regular health care. I can say no to any treatment or other activity that is part of a Health Program at any time.

EXPLICIT CONSENT(S) FOR THE PROCESSING OF MY HEALTH DATA

Healthy Athletes Program:

By selecting to participate in the Special Olympics Healthy Athletes® program ("Healthy Athletes") I consent explicitly to the processing of my health data ("Health Data") as described above. In particular, I understand and consent that my Health Data will be analyzed anonymously for the purpose of improving health care for Special Olympics athletes and people with intellectual disabilities in general. I understand that participation in Healthy Athletes® is voluntary for me and that I may opt out of the program at any time. I can also revoke my consent to use my Health Data at any time with the appropriate contact person in charge of the event. For this purpose, I will send an e-mail to medicalops@specialolympics.org. For further information on the handling of my Health Data, I can refer also to the Athlete & Unified Partner Registration Form and SOI's Privacy and Data Security Policy that can be found at <https://www.specialolympics.org/privacy-and-data-security-policy>.

Medical Form:

By submitting my medical form, I consent explicitly that Special Olympics, Inc. ("SOI") and the Local Organizing Committee ("LOC") will use the data collected for reporting incidents that occur during Games or other Special Olympics events such as a "Unified Cup" and for repatriation with insurance or government/embassy support. The data may also be collected and used by parties such as hospital staff, first responders, and medical providers who may require access to information on the medical form for assessment, treatment, and or referral. I can revoke my consent freely at any time with the person in charge of the LOC/SOI. For this purpose, I will send an e-mail to medicalops@specialolympics.org

7. **Personal Information.** I understand that Special Olympics will be collecting my personal information as part of my participation, including my name, image, address, telephone number, health information, and other personally identifying and health related information ("Personal Information"). The organization responsible for protecting my Personal Information under data protection laws is my national Special Olympics Program (contact info at www.SpecialOlympics.org/Programs).
 - I understand Special Olympics is using my Personal Information in order to: make sure I am eligible and can participate safely; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if I participate in a health program; analyze data for the purposes of improving programming and identifying and responding to the needs of Special Olympics participants; perform computer operations, quality assurance, testing, and other related activities; and provide event-related services.
 - I understand Special Olympics may disclose my Personal Information with (i) medical professionals in an emergency, and (ii) government authorities for the purpose of assisting me with any visas required for international travel to Special Olympics events and for any other purpose necessary to protect public safety, respond to government requests, and report information as required by law.
 - I understand Special Olympics is a global organization with headquarters in the United States of America. I acknowledge that my Personal Information may be stored and processed in countries outside my country of residence, including the United

- States. Such countries may not have the same level of personal data protection as my country of residence.
- I have the right to ask to see my Personal Information or to be informed about the Personal Information that is processed about me. I have the right to ask to correct, delete and restrict the processing of my Personal Information. I also have a right to have my Personal Information sent to another organization on my request. I have the right to file a complaint with a local data protection authority.
 - *Privacy Policy.* My Personal Information may be used and shared consistent with this form and as further explained in the Special Olympics privacy policy found at <https://www.specialolympics.org/privacy-and-data-security-policy>.

Signature Page Follows

Athlete Name:	E-mail:
I consent to Special Olympics (please mark): <input type="checkbox"/> Using my contact information to send me Special Olympics marketing materials. <input type="checkbox"/> Sharing my Personal Information confidentially with researchers, such as universities or public health agencies, who are studying intellectual disabilities and the impact of Special Olympics activities.	
ATHLETE SIGNATURE (required for adult athlete with capacity to sign legal documents)	
I have read and understand this form. I have the right to withdraw any consent given under this form with effect to the future. If I have any questions regarding this form, I may contact my national Special Olympics Program (contact info at www.SpecialOlympics.org/Programs). By signing, I agree to the terms and conditions of this Athlete and Unified Partner Release Form.	
Athlete Signature:	Date:
PARENT/GUARDIAN SIGNATURE (required for athlete who is a minor or lacks capacity to sign legal documents)	
I am a parent or guardian of the athlete. I have read and understand this form and have explained the contents to the athlete as appropriate. I have the right to withdraw any consent given under this form with effect to the future. If I have any questions regarding this form, I may contact my national Special Olympics Program (contact info at www.SpecialOlympics.org/Programs). By signing, I agree to the terms and conditions of this Athlete and Unified Partner Release Form on my own behalf and on behalf of the athlete.	
Parent/Guardian Signature:	Date:
Printed Name:	Relationship:



ATHLETE & UNIFIED PARTNER LIKENESS RELEASE FOR SPONSORS (OPTIONAL)

Special Olympics relies on sponsors and partners to help support our mission. We often use photos, videos and stories of our athletes to show the impact of support by companies that sponsor Special Olympics. If you wish to allow your likeness to be used in this way, please read and sign below.

I agree to the following:

- I give permission to Special Olympics, Inc., the Special Olympics Local Organizing Committee, and accredited Special Olympics Programs (collectively “Special Olympics”) and their sponsors and partners to use my photo, video, name, voice, words, and biographical information (“Likeness”) to acknowledge the sponsors’ and partners’ support for Special Olympics.
- Special Olympics and its sponsors and partners will not use my Likeness to endorse commercial products or services.
- I understand I will not be compensated for the use of my Likeness.

Athlete Name:	E-mail:
ATHLETE SIGNATURE (required for adult athlete with capacity to sign legal documents)	
I have read and understand this form. I have the right to withdraw any consent given under this form with effect to the future. If I have any questions regarding this form, I may contact my national Special Olympics Program (contact info at www.SpecialOlympics.org/Programs). By signing, I agree to this form.	
Athlete Signature:	Date:
PARENT/GUARDIAN SIGNATURE (required for athlete who is a minor or lacks capacity to sign legal documents)	
I am a parent or guardian of the athlete. I have read and understand this form and have explained the contents to the athlete as appropriate. I have the right to withdraw any consent given under this form with effect to the future. If I have any questions regarding this form, I may contact my national Special Olympics Program (contact info at www.SpecialOlympics.org/Programs). By signing, I agree to this form on my own behalf and on behalf of the athlete.	
Parent/Guardian Signature:	Date:
Printed Name:	Relationship: