

Special Olympics South Dakota Unified Partner Application

Return to: Special Olympics RC Flame ** PO Box 9780 ** Rapid City, SD 57709
Local: 605.484.8425 ** Toll Free: 1.800.585.2114 ** Fax: 605.331.4328

**Volunteers 18 years and over must complete Sections 1-4 / Volunteers 17 years and under must complete Sections 1,3,4,5
It is imperative we have your full and complete name, i.e. William, not Bill. Christopher, not Chris**

Section 1	_____	_____	_____
	Last Name	First Name	Middle Name
	_____	_____	_____
	Physical Address	City	State Zip
	_____	_____	_____
	Mailing Address (If different from physical address)	City	State Zip
_____	_____	_____	
Special Olympics Delegation (Program Name)	Birth Date	Month / Day / Year	
Gender <input type="checkbox"/> F <input type="checkbox"/> M	_____	_____	
	Telephone Number	E-mail	

_____	_____	If you are 18 years old or older, this information MUST be provided
Social Security Number	Driver's License # & Issuing State	

Section 2	<i>This section MUST be completed by all volunteers over the age of 18. All information is confidential.</i>		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	1. Do you use illegal drugs?
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	2. Have you ever been convicted of a criminal offence?
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	3. Have you ever been charged with neglect, abuse, or assault?
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	4. Has your driver's license ever been suspended or revoked in any State?

Section 3	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Heart Disease/Heart Defect/High BP	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Bone or Joint Problems
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Chest Pain	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Asthma
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Seizures/Epilepsy/Fainting Spells	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Special Diet
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Immunizations Up To Date
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Concussions or Serious Head Injury	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Tobacco Use
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Major Surgery or Serious Illness	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Uses Wheelchair/Walker
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Heat Stroke/Heat Exhaustion	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Emotional/Psychiatric/Behavioral Issues
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Blindness/Visual Problem	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sickle Cell Trait or Disease
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Wears Contact Lenses/Glasses	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Easy Bleeding
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hearing Loss/Hearing Aid/Non-Verbal	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Allergy: _____
						Other: _____

In the case of an emergency, who shall we contact?

_____	_____	_____
Name	Relationship	Telephone

PLEASE READ BEFORE SIGNING. I understand that:

- ❖ The information that I have provided may be verified, and I give permission to Special Olympics South Dakota to make inquiry of others concerning my suitability to act as a Special Olympics South Dakota volunteer;
- ❖ In the course of volunteering for Special Olympics South Dakota, I may be dealing with confidential information and I agree to keep said information in the strictest confidence;
- ❖ The relationship between Special Olympics South Dakota and volunteers is an "at will" arrangement, and it may be terminated at any time without cause by either the volunteer or Special Olympics South Dakota.
- ❖ I grant Special Olympics South Dakota permission to use my likeness, voice and words in television, radio, film, or in any form to promote activities of Special Olympics South Dakota.

I affirm I have read the above information and that the information I have given is true and complete.

I affirm I have completed the on-line Protective Behaviors training found at www.sosd.org.

Unified Partner - Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

In consideration of participating in Special Olympics Unified Sports®, I represent that I understand the nature of the event and that I am qualified, in good health, and in proper physical condition to participate in Unified Sports® events. I fully understand the event involves risks of serious bodily injury which may be caused by my own actions or inactions, by the actions of others participating in the event, or by conditions in which the event takes place. I fully accept and assume all such risks and all responsibility for losses, costs, and/or damages in participation. I acknowledge that at any time that if I feel that the event conditions are unsafe, I will discontinue participation immediately.

If during my participation in Special Olympics activities I should need emergency medical treatment and I am not able to give my consent for, or make my own arrangements for, that treatment because of my injuries, I authorize Special Olympics South Dakota to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

I release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, and other Unified Sports® participants, and sponsors, advertisers, and if applicable, any owners and lessors of premises on which the activity takes place from all liability and losses, claims (other than that of the medical accident benefit), demands, costs, or damages that I may incur as a result of participation in Unified Sports® events and further agree that if, despite this "Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement", I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

I have read and fully understand the provisions of the above release. This application shall remain in effect for three years from the signature date. Through my signature on this release form, I am agreeing to the above provisions on my own behalf.

_____ Applicant Signature or Parent/Guardian

_____ Date:

Applicants 17 years and under must complete this section

Reference #1 Your reference: 1. Cannot be your legal guardian 2. Cannot be related 3. Must be at least 18 years old

By signing below, I confirm the following:

- 1) I know this applicant In either a personal or professional capacity;
- 2) I am at least 18 years of age and am not a legal guardian or relative of Applicant;
- 3) I am not aware of any reason that Applicant should not be permitted to volunteer on behalf of Special Olympics, and
- 4) I do not possess any information that would cause me to believe Applicant would pose any undue risk to Special Olympics athletes or others who participate in Special Olympics.

Signed: _____ Printed Name: _____

Date: _____ Relationship to Applicant: _____

Organization/Institution: _____

Reference #2 Your reference: 1. Cannot be your legal guardian 2. Cannot be related 3. Must be at least 18 years old

By signing below, I confirm the following:

- 1) I know this applicant In either a personal or professional capacity;
- 2) I am at least 18 years of age and am not a legal guardian or relative of Applicant;
- 3) I am not aware of any reason that Applicant should not be permitted to volunteer on behalf of Special Olympics, and
- 4) I do not possess any information that would cause me to believe Applicant would pose any undue risk to Special Olympics athletes or others who participate in Special Olympics.

Signed: _____ Printed Name: _____

Date: _____ Relationship to Applicant: _____

Organization/Institution: _____