



Additional Contact if Needed		
Name:	<i>Last</i>	<i>First</i>
		<i>M.I.</i>
Phone:		Email:
Phone:		Relationship:

Special Olympics Washington Health History



Health History: To Be Completed by Parent/Guardian					
Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	*Heart Disease, Heart Defect or High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Contact lenses or glasses
<input type="checkbox"/>	<input type="checkbox"/>	*Chest Pain	<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss or hearing aid
<input type="checkbox"/>	<input type="checkbox"/>	*Seizure, Epilepsy or fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	*Asthma
<input type="checkbox"/>	<input type="checkbox"/>	*Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Easy bleeding
<input type="checkbox"/>	<input type="checkbox"/>	*Concussion or serious head injury	<input type="checkbox"/>	<input type="checkbox"/>	Emotional, Psychiatric, Behavioral
<input type="checkbox"/>	<input type="checkbox"/>	*Major surgery or serious illness	<input type="checkbox"/>	<input type="checkbox"/>	Sickle cell trait or disease
<input type="checkbox"/>	<input type="checkbox"/>	Heat stroke or exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	Bone or joint problems
<input type="checkbox"/>	<input type="checkbox"/>	*Blindness or visual problems	<input type="checkbox"/>	<input type="checkbox"/>	Immunizations up-to-date
<input type="checkbox"/>	<input type="checkbox"/>	Medications (Name & Dosage):			

Health Insurance Information	
Health Insurance Provider:	
Policy Number:	
Policy Holder Name:	

Allergy Information <i>(Please list all relevant allergies)</i>	
Medicines:	
Food:	
Insect stings/bites:	

Special Olympics Washington General Release



1. I am the parent/guardian of _____, (the player). I hereby represent that the participant has my permission to participate in the 2017 Unified Robotics Season. I further represent and warrant that the participant is physically and mentally able to participate in such activities.
2. I am specifically granting my permission on the player's behalf to Special Olympics Washington (SOWA) to use the participant's likeness, name, voice and words in television, radio, film, newspapers, magazines, on the Internet and in all other media, and in any form, for the purpose of advertising or communicating the mission and activities of Special Olympics and/or applying for funds to support Special Olympics.
3. I hereby irrevocably and exclusively assign to SOWA all copyright and other right, title and interest (including moral rights) in and to the participant's work product, including all photographs he or she may take, videos he or she may make and articles/blogs/tweets/posts he or she may write, in perpetuity, to use in all media, without further obligation to the participant.
4. If a medical emergency should arise during the player's participation in any Special Olympics activities, at a time when I am not personally present so as to be consulted regarding the participant's care, I hereby authorize SOWA staff and volunteers to take whatever measures are necessary to ensure that the participant is provided with emergency medical treatment, including hospitalization.
5. I fully understand that the activities of the event may involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by the participant's own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "Releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I and/or the above named minor incur as a result of my and/or the participant's participation in the event.
6. I hereby release, discharge, and covenant not to sue SOWA and/or its respective directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the event takes place, (each considered one of the "Releasees" herein) 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 the participant's 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 any may incur as the result of such claim.
7. I am the parent or guardian of the participant and I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND PARENTAL CONSENT AGREEMENT, and have explained these provisions to the participant. I understand that on behalf the participant, I have given up substantial rights by signing this document and have signed 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.

Signature of Player, if 18: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____