



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., Special Olympics games organizing committees, and Special Olympics accredited Programs (collectively "Special Olympics") to use my likeness, photo, video, name, voice, words, and 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.
6. **Health Programs.** If I take part in a health program, I consent to health activities, screenings, and treatment. This should not replace regular health care. I can say no to treatment or anything else at any time.

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

Healthy Athletes Program:

By selecting to participate in the Healthy Athletes Program **I consent explicitly** to the processing of my health data as described above. I in particular understand and consent that information collected about me during Healthy Athletes 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 the Healthy Athletes program is voluntary for me and that I may opt out of the program at any time. I can revoke my consent at any time with the person in charge of the LOC. For this purpose, I will send an e-mail to healthyathletes@berlin2023.org. For further information on the handling of my data, I can refer also to the Privacy Policy at www.berlin2023.org/en/data-policy-healthy-athletes.

Medical Form:

By providing my medical form, **I consent explicitly** that Special Olympics, Inc. (SOI) and Special Olympics Deutschland (SOD)/Local Organizing Committee (LOC) will use the data collected for reporting incidents that occur during Games and or 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. For this purpose, I will send an e-mail to medical.services@berlin2023.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 I provide to Special Olympics ("personal information").
 - a. I agree and consent to Special Olympics:
 - i. 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.
 - ii. using my contact information for communicating with me about Special Olympics.
 - iii. sharing my personal information with (i) researchers, business partners, public health agencies, and other organizations that are studying intellectual disabilities and the impact of Special Olympics activities, (ii) medical professionals in an emergency, and (iii) 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.
 - b. 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, and I agree that the laws of the United States will govern your processing of my personal information as provided in this consent.
 - c. 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 and delete my personal information, and to restrict the processing of my personal information if it is inconsistent with this consent.
 - d. Privacy Policy. Personal information may be used and shared consistent with this form and as further explained in the Special Olympics privacy policy at www.SpecialOlympics.org/Privacy-Policy.

Signature Page follows

Athlete Name:	E-mail:
<p>I consent to Special Olympics (please mark):</p> <p><input type="checkbox"/> Using my contact information to send me Special Olympics marketing materials.</p> <p><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.</p>	
<p>ATHLETE SIGNATURE (required for adult athlete with capacity to sign legal documents)</p>	
<p>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.</p>	
Athlete Signature:	Date:
<p>PARENT/GUARDIAN SIGNATURE (required for athlete who is a minor or lacks capacity to sign legal documents)</p>	
<p>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.</p>	
Parent/Guardian Signature:	Date:
Printed Name:	Relationship: