

FORM C 3 – Atlanto-Axial Instability (AAI) Special Release Form

SPECIAL RELEASE CONCERNING SPINAL CORD COMPRESSION AND ATLANTO-AXIAL INSTABILITY

Instructions: Only complete this form if symptoms of spinal cord compression or Atlanto-axial instability were found in a pre-participation examination and a doctor then provided clearance for participation following a neurological evaluation.

I agree to the following:

1. **Spinal Cord Compression Symptoms.** In a pre-participation examination, a licensed medical professional found symptoms that might be the result of spinal cord compression or Atlanto-axial instability.
2. **Neurological Evaluation.** After a neurological evaluation, a qualified doctor concluded that:
 - The cause of the symptoms will not result in additional risk of neurological injury due to participation in sports, and
 - Participation in Special Olympics activities is safe without restrictions or with restrictions that will be shared with Special Olympics and followed.
3. **Liability Release.** I acknowledge that I have been informed of the findings and determinations of the physician. I release and hold harmless Special Olympics from all claims in connection with possible spinal cord compression or Atlanto-axial instability.

I have reviewed this release form with the Participant. I am satisfied that the Participant understands and agrees to this release form.

PARENT/GUARDIAN SIGNATURE (required if Participant is under 18 years old or has a legal guardian)

I am a parent or guardian of the Participant and am authorised to enter into this release on the Participant's behalf. I have read and understand this release and have explained the contents to the Participant as appropriate. By signing, I agree to this release on my own behalf and on behalf of the Participant. This Release shall be binding upon me, the Participant and our respective heirs and legal representatives.

Parent/Guardian Signature: _____

Date: _____

Printed Name: _____

Relationship: _____