

**WAIVER AND CONSENT FORM FOR ATHLETES OVER 18 YEARS
WITH CAPACITY TO SIGN LEGAL DOCUMENTS**

WAIVER

ATHLETE: My name is _____.

PRINT NAME

I am registered/or wish to register as an athlete and in consideration of Special Olympics Ireland permitting me to participate in the Special Olympics Ireland programme (the "programme")

I acknowledge that there are inherent risks associated with participating in the sporting activities of Special Olympics Ireland and understand that there may be a health vulnerability for individuals with an Intellectual Disability. I understand that I am not entitled to participate in the programme in any manner unless I am medically and physically able. I acknowledge that Special Olympics Ireland recommends that I should undergo a medical examination, with a registered practitioner in the Republic of Ireland or Northern Ireland, prior to registering and participating in the Special Olympics Programme. I further acknowledge that it is my sole responsibility to ensure that I am medically and physically able to participate.

I do hereby agree, to the fullest extent permitted by law, as follows:

TO WAIVE ALL CLAIMS that I may have against Special Olympics Ireland in respect of any incident, which occurs during the course of my participation in the Programme, and which is directly linked to, or arises, in connection with my medical status.

TO ASSUME ALL RISKS associated with my participation in the programme, including injuries to person, or death, which are linked to, or arises, in connection with my medical status.

I acknowledge that I have read and fully understand the contents of this waiver prior to registering as an athlete for the programme. I further acknowledge and accept that by signing this Waiver, I am confirming to Special Olympics Ireland that I am medically fit to participate on the Programme and Special Olympics Ireland will rely on this Waiver in the event that any claim or action is taken against Special Olympics Ireland for injuries due to, or arising from, my medical status.

Athlete Name:
(PLEASE PRINT)

ATHLETE SIGNATURE (required for adult athlete with capacity to sign legal documents)

I have read and understand this waiver. If I have questions, I will ask. By signing, I agree to this form.

Athlete Signature:

Date:

WITNESS to an adult athlete signing on their own behalf

I, the undersigned, have taken the time to fully explain to the above athlete, the nature and purpose of this waiver in a way that they could understand. I have explained the risks and possible benefits involved. I have invited them to ask questions on any aspect that concerned them.

WITNESS		RELATIONSHIP TO ATHLETE
Name:		Parent/Guardian/Next of Kin <input type="checkbox"/> Support Worker <input type="checkbox"/> Relative <input type="checkbox"/> /Family Friend <input type="checkbox"/> / Advocate <input type="checkbox"/> Other <input type="checkbox"/> [Please specify] _____
Signature:		Date:

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CONSENTS

Likeness Release

My name is _____

PRINT NAME

and I am registered/or wish to register as an athlete with Special Olympics Ireland. I give permission to Special Olympics Ireland to use my likeness, photo, video, name, voice, words, and biographical information to promote the organisation for the purposes of, but not limited to events, competition, fundraising, awareness and sponsorship. We often use photos, videos, and stories of our athletes to show the impact of support by companies that sponsor Special Olympics. **Yes** ☐ **No** ☐

Healthy Athletes Programme

The Healthy Athletes programme provides health screenings, health education and resources to athletes, in a fun and welcoming environment at sports competitions, events and stand-alone screening opportunities.

I understand that:

- These activities may include individual screening assessments of health status and/or health care needs in the areas of vision, oral health, hearing, physical therapy, podiatry, mental health, and a variety of health promotion areas (height, weight, sun protection, etc.).
- These assessments are not intended for diagnosis or treatment and provision of these health activities/services are not intended as a substitute or alternative to regular care that has been received in the past or that may be recommended in the future.
- I should seek my own medical advice and assistance irrespective of the provision of these services and that Special Olympics Ireland, through the provision of these services, is not making itself responsible for my health. That information gathered as part of the screening process may be used in group statistics (anonymously) to assess and communicate the overall health needs and to develop programmes to address those needs.

ATHLETE: I, _____, give my consent to take part in the Healthy Athletes Programme. **Yes** ☐ **No** ☐

Athlete Name:

ATHLETE SIGNATURE (required for adult athlete with capacity to sign legal documents)

I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.

Athlete Signature:

Date:

WITNESS to an adult athlete signing on their own behalf

WITNESS

RELATIONSHIP TO ATHLETE

Name:

Parent/Guardian/Next of Kin ☐ Support Worker ☐
Relative ☐ /Family Friend ☐ / Advocate ☐
Other ☐
[Please specify] _____

Signature:

Date: