

By completing the following form, the undersigned acknowledges that they have viewed and agreed to the Special Olympics policies which are mandatory for participation. Failure to complete this form may result in the denial of registration application, or removal from Special Olympics programs.

Complete versions of the waivers can be found at the following link, or by asking a representative of your local Special Olympics Alberta Community/Affiliate: <https://www.specialolympics.ca/alberta/waivers>

DATE: _____

- I have viewed and agree to the terms set out in the Special Olympics Participation Waiver:
Initial _____
- Has the participant below ever been charged/convicted of any criminal offense as outlined in the Special Olympics Participation Waiver [*Part 1: Health and Safety (Section 3)*]?
 YES NO Initial _____
- I have viewed the Special Olympics Participation Waiver [*Part 2: Promotional Media Opt-Out*] and grant permission to Special Olympics to use the name, likeness, voice, and/or words of the participant below:
 YES NO Initial _____
- I have viewed and agree to the terms set out in the Special Olympics Privacy Policy:
Initial _____
- I have viewed and agree to the terms set out in the Special Olympics Code of Conduct:
Initial _____

FOR ATHLETES WHO ARE THEIR OWN LEGAL GUARDIAN:

(PARTICIPANT'S SIGNATURE)

(PRINT PARTICIPANT'S NAME)

FOR ATHLETES WHO ARE NOT THEIR OWN LEGAL GUARDIAN:

(PARENT OR LEGAL GUARDIAN'S SIGNATURE)

(PRINT GUARDIAN NAME)

(PRINT ATHLETE'S NAME)