



Event			Date	Month	Day	Year
First Name		Middle Name/Initial		Last Name		
Gender Identity	Optional		Date of Birth	Month	Day	Year
Home Address	Street Name and No.		Apt. No. or R.R. No.			
	City		Province	Postal Code		

WOULD YOU LIKE TO BE CONTACTED REGARDING FUTURE SOPEI VOLUNTEER OPPORTUNITIES? YES NO

Do you have a criminal record of any kind, or have you ever been charged with a criminal offence? Yes No

If yes, please indicate the nature of the offence: _____

Special Olympics Prince Edward Island Inc. the "Organization"

EVENT PARTICIPATION: WAIVER AND RELEASE OF LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING.

You must sign and return this completed waiver with your registration or before attending the Organization's event: _____. This waiver does not affect accident and out-of-country travel insurance provided by the Organization where applicable.

By signing below, the participant or the participant's guardian states all of the following to be true:

HEALTH AND SAFETY

The participant:

1. **Does not** knowingly have COVID-19 or other known communicable diseases.
2. Is not experiencing any known symptoms of COVID-19 or other known communicable diseases.
3. Has been following government-recommended guidelines for COVID-19.
4. Will take the following actions if they experience symptoms of illness, such as a fever, cough, difficulty breathing, shortness of breath, or feeling unwell:
 - a. immediately tell the event organizer of the symptoms,
 - b. identify everyone with whom they had contact to the best of their ability, and
 - c. immediately leave the event.

PLEASE READ CAREFULLY. BY SIGNING BELOW YOU ARE GIVING UP LEGAL RIGHTS.

Further, by signing below, the participant or their guardian indicates that they understand, acknowledge, and accept full responsibility of the risks and dangers that are inherent in participating in the event.

The participant or the guardian agrees to give up any and all rights, to the maximum extent permitted by law, to make any claim of any kind against the Organization or its partners, sponsors, agents, affiliates, directors, employees, officers, therapists, or volunteers (called the Organization's Parties) relating to any illness or injury. The participant or the guardian also agrees that the Organization's Parties will have no liability relating to any illness or injury suffered by the participant.

Return to:

Special Olympics Prince Edward Island

40 Enman Crescent, Room 240 Charlottetown, PE C1E 1E6

Phone: 902-368-8919 Toll Free: 1-800-287-1196 Fax: 902-892-4553

PROMOTIONAL MEDIA

In addition, the participant or guardian acknowledges that the Organization, and Special Olympics Canada, create promotional media, which includes getting photographs, videos, and interviews of program and event participants. Special Olympics shares these images and stories with the public to help the public learn more about the Special Olympics movement, to gain support from sponsors and others, and to help them grow the Special Olympics movement and to keep it thriving.

If you choose to opt in, you are giving permission to the Organization and Special Olympics Canada to include you in promotional media as they see fit. This includes using your image, words or voice (or those of the person for whom you are signing as parent or guardian). By signing below you are also giving up rights to the promotional media, including any right to payment.

If you choose to opt out, you (or the athlete or volunteer for whom you are signing as parent or guardian) may still participate in Special Olympics. Special Olympics promises to make every effort to ensure that you, or the athlete/volunteer for whom you are signing, are not included in promotional media. **NOTE:** Special Olympics may not be able to prevent other media and people from making and using images of athletes or volunteers at our events.

Please check the appropriate box and sign below.

- I **DO** allow Special Olympics to use my picture, words or voice in promotional media.
- I **DO NOT** want Special Olympics to use my picture, words or voice in promotional media.

I am the parent or legal guardian of _____ (first name, last name).

- I **DO** allow Special Olympics to use their picture, words or voice in promotional media.
- I **DO NOT** want Special Olympics to use their picture, words or voice in promotional media.

I confirm that I have read and fully understand this form, and I am signing it voluntarily.

Please check the appropriate box and sign below.

I am an athlete or volunteer or an attendee. I confirm that I understand the terms and conditions in this event participation waiver, and I consent to all the terms and conditions above.

Date: _____ Name: _____ Signature: _____

Phone: _____ Email: _____

I am a parent or legal guardian providing consent on behalf of the athlete, volunteer, or attendee listed on the top of this event participation waiver. I confirm that I understand and have explained the terms in this form to the athlete, volunteer, or attendee and agree on their behalf to the conditions stated above. I also confirm that I have legal authority to sign this document on behalf of the person. I understand that the Organization is relying on my statement that I have the legal authority as guardian or parent, and I agree to provide the Organization with any document to confirm this authority if they request it. I also agree to indemnify and protect the Organization from any harm or cost if I have signed this Event Participation Waiver without legal authority to do so.

Date: _____ Name: _____ Signature: _____

Phone: _____ Email: _____

Name of athlete/volunteer/attendee for whom I am signing: _____

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