

SPECIAL OLYMPICS ALBERTA
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.
2. Is not experiencing any known symptoms of COVID-19, such as fever, cough, or shortness of breath.
3. Has not travelled internationally during the last 14 days.
4. Has not, in the past 14 days, knowingly come into contact with someone who either:
 - a. has COVID-19,
 - b. has known symptoms of COVID-19, or
 - c. is self-quarantining for any reason including quarantine after returning to Canada.
5. Has been following government-recommended guidelines for COVID-19, including practising physical distancing, and will do so to the best of their ability during the event.
6. Will take the following actions if they experience such symptoms during the event:
 - 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.

FOR ANYONE WHO HAS BEEN DIAGNOSED WITH COVID-19

By signing below, you or your guardian state that all of the following to be true:

1. You have been diagnosed with COVID-19.
2. You have been cleared as noncontagious by provincial/territorial or local public health authorities.
3. You have given to Special Olympics written confirmation from a medical doctor of your diagnosis and clearance, along with this EVENT PARTICIPATION WAIVER AND RELEASE OF LIABILITY.

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.

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.

By signing below, 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 do not wish the Organization or Special Olympics to use your picture, words, or voice in promotional media, you may opt out at any time by signing the "Opt-Out" box below. If you opt out, Special Olympics promises to make every effort to ensure you (or the athlete/volunteer/event attendee if you are signing this form as a parent or guardian) are not included in promotional media. Special Olympics may not be able to prevent other media and people from making and using images of athletes, volunteers or attendees at our events.

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: _____

Phone: _____ Signature _____

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: _____

Phone: _____ Signature: _____

Email: _____

PROMOTIONAL MEDIA OPT-OUT

This section is only to be completed if you do NOT want to give permission to Special Olympics to use your picture, words or voice in any promotional media, please check the appropriate box and sign below:

[] I am the age of majority in my province or territory and am registering as a Special Olympics athlete or volunteer. I do not want Special Olympics to use my picture, words or voice in their promotional media.

[] I am the parent or legal guardian of the athlete or volunteer listed on this Participation Waiver and Opt-Out Form. I do not want Special Olympics to use their picture, words or voice in their promotional media.

Date: _____ Name: _____

Signature: _____