



Unified Partner Release Form

Team Name:		Region:
Unified Partner Information		
Last Name: First:	Middle:	Sex: Male Female Birth date: //
Address:		
		ZIP Code:
Phone No.:()		
Name of Parent or Guardian:		Phone No.:_()
Address:		
		ZIP Code:
Emergency Information		
Person to be contacted in case of emergency:		
Address:		Phone No.: _()
Health and Accident Insurance Information		
Company Name:		Policy No.:
Health Information History of: Yes No Bleeding Problems Yes No Hearing Problems Head Injury Yes No Fainting Spells Yes No Heat Illness or Cold Injury Yes No Heart Problems Heat Illness or Cold Injury Yes No Hernia Yes No Recent Contagious Disease Yes No Pregnancy	☐ Yes ☐ I ☐ Yes ☐ I ☐ Yes ☐ I ☐ Yes ☐ I ☐ Yes ☐ I	No Bone Or Joint Problems Vision Problems Contact Lenses/Glasses Hearing Aid Functional Impairment Requiring Special Equipment Emotional Problems Special Diet Needs Other
Medications/Immunizations		
Medication Name	Amount	TimeDate Prescribed
Allergies to Medication: ☐ Yes ☐ No	Describe:	
Tetanus: ☐ Yes ☐ No Date Of Last Shot:	_/ Po	olio: 🗆 Yes 🗅 No Date Of Last Shot://
knowledge and belief, I am physically and mentally abl Special Olympics has my permission to use my likenes medias, and in any form, for the purpose of advertising to support those purposes and activities. If during my participation in special Olympics activities, my own arrangements for that treatment because of m that I receive the emergency medical treatment which Sphospitalization. I, the undersigned have red and fully understand the pryou and hold you harmless of and disaffirmation. Signature of Adult Unified Partner: I, the undersigned, am parent (Guardian) of the bellow	e to participate in Special C is, name, voice, or words in or communicating the purpo I should need emergency r y injuries. I authorize Specia pecial Olympics deems neces ovisions of the above release specific person. I have read I and said person will be be	either television, radio, film, newspapers, magazines, and other uses and activities of Special Olympics and/or applying for funds and activities of Special Olympics and/or applying for funds and olympics to take whatever measures are necessary to insure all Olympics to take whatever measures are necessary to insure assary to protect my health and well-being, including if necessary, are and herby agree that I will be bound thereby and shall defend Date: Date: diand fully understand the provisions of the above release and bund thereby and shall defend you and hold you harmless for
programs, and physical activity programs.		_ to participate in Special Olympics games, recreation
		Date: