



AURORA SPECIAL OLYMPICS WAIVER 2017

ATHLETE NAME: _____

EMERGENCY CONTACT _____ PHONE #: _____

FAMILY DOCTOR _____ PHONE #: _____

Is there any updated medical condition or information we should know about? _____

I authorize the chaperon, and/or coach(es) to take any action they deem necessary in an emergency. I, the undersigned, do hereby permit Special Olympics Ontario-Aurora to maintain my personal information (telephone numbers, address and email addresses) on file and for distribution WITHIN the sport club roster during this season. I, the undersigned, do hereby permit Special Olympics Ontario - Aurora, to use any photographic or video images of me for advertising or promotional purposes. I, the undersigned, do hereby release and agree to indemnify and save harmless Special Olympics Ontario-Aurora, and their officers, employees or agents, and each and every Board and Commission thereof, from all claims for loss, injury or damage, to persons and property while participating in or traveling to and from sport club activities, which I, or any person claiming through me or my behalf, may at any time have arising out of or connected with the operation of this activity. Personal injury may arise from over-exertion, accidental collisions, or other risks present in an outdoor environment. Athletes are responsible to meet with their own doctor to evaluate their own limits, and should not exceed these limits while training.

SIGNATURE: _____

DATE: _____

PARENT NAME: _____

FOR (ATHLETE): _____