



Special Olympics Ohio Class B Form

Please complete this form in order to volunteer with Special Olympics Ohio.

DATE OF REGISTRATION

AGE & AUTHORIZATION REQUIREMENTS

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- **13 Years Old or Younger:** Please have expressed parental consent on this form AND a parent/guardian must be presents at all times while volunteering with Special Olympics Ohio
- **14-17 Years Old:** Expressed parental consent on this form is required
- **18 Years and Older:** Please complete this form for yourself

We will not share your information with anyone else, this form is strictly for volunteer records at Special Olympics Ohio.

PERSONAL INFORMATION

Which Special Olympics Ohio event are you volunteering for?

Full Name:

Which county do you live in?

Are you 18 years or older?

Yes No

Parent/Guardian Full Name:

Phone Number:

Email Address:

Emergency Contact Name:

Emergency Contact Phone Number:

Would you like to receive future communications via email regarding volunteer opportunities with Special Olympics Ohio?

Yes No

How did you hear about volunteering for this event?

Have you volunteered with Special Olympics Ohio before?

Yes No

THANK YOU FOR YOUR **SERVICE!**

SPECIAL OLYMPICS OHIO CODE OF CONDUCT:

RESPECT FOR OTHERS

I will respect the rights, dignity and worth of athletes, coaches, other volunteers, friends and spectators in Special Olympics. I will treat everyone equally regardless of sex, ethnic origin, religion or ability. I will be a positive role model for the athletes I coach.

ACT PROFESSIONALLY AND TAKE RESPONSIBILITY FOR MY ACTIONS

My language, manner, punctuality, preparation and presentation will demonstrate high standards. I will display control, respect, dignity and professionalism to all involved in the sport (athletes, coaches, opponents, officials, administrators, parents, spectators, media, etc.). I will encourage athletes to demonstrate the same qualities. I will not drink alcohol, smoke or take illegal drugs while representing Special Olympics at training sessions, competition or during Games. I will refrain from any form of personal abuse towards athletes and others, including inappropriate or unwanted sexual advances on others, verbal, physical and emotional abuse. I will be alert to any form of abuse from other sources directed toward athletes in my care. I will abide by the Special Olympics policy on the prohibition of coaches dating athletes.

HEALTH AND SAFETY OF ATHLETES

I will ensure that the equipment and facilities are safe to use. I will ensure that the equipment, rules, training and environment are appropriate for the age and ability of the athletes. I will review each athlete's medical form and be aware of any limitations on that athlete's participation noted on that form. I will encourage athletes to seek medical advice when required. I will maintain the same interest and support toward sick and injured athletes. I will allow further participation in training and competition only when appropriate.

*Please sign Volunteer (& Parent/Guardian Name if needed) to acknowledge you both accept these terms.

ENSURE A POSITIVE EXPERIENCE

I will ensure that for each athlete I coach, the time spent with Special Olympics is a positive experience. I will respect the talent, developmental stage and goals of each athlete. I will ensure each athlete competes in events that challenge that athlete's potential and are appropriate to that athlete's ability. I will be fair, considerate and honest with athletes and communicate with athletes using simple, clear language. I will ensure that accurate scores are provided for entry of an athlete into any event. I will instruct each athlete to perform to the best of the athlete's ability at all preliminaries and final heats in accordance with the Official Special Olympics Sports Rules.

QUALITY SERVICE TO THE ATHLETES

I will seek continual improvement through performance evaluation and ongoing coach education. I will be knowledgeable about the Sports Rules and skills of the sport(s) I coach. I will provide a plan for a regular training program. I will keep copies of the medical, training and competition records for each athlete I coach. I will follow the Special Olympics Sports Rules for my sport(s).

SPECIAL OLYMPICS OHIO VOLUNTEER RELEASE FORM:

I grant Special Olympics, Inc. and Special Olympics Ohio (SOOH) permission to use my likeness, voice, and words in or on television, radio, print, film, on website(s), or in any other form, format, or media, to promote Special Olympics and its mission and to raise funds for Special Olympics. I release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, other participants, sponsors, advertisers, and if applicable, any owners and lessors of premises on which the activity takes place (the "Releasees") from all liability, any losses, claims (other than that of the medical accident benefit), demands, costs, or damages that I (and/or my minor child) may incur as a result of my participation and further agree that if, despite this Release, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim. In the course of volunteering for SOOH I may be dealing with confidential information regarding athletes and volunteers' contact information, health, behavior and other personal information and I agree to keep said information in the strictest confidence.

*Please sign Volunteer (& Parent/Guardian Name if needed) to acknowledge you both accept these terms.

THANK YOU FOR YOUR SERVICE!

WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT FOR COMMUNICABLE DISEASES ("AGREEMENT") FOR SPECIAL OLYMPICS:

In consideration of being allowed to participate in any way in Special Olympics sports training, competition or fundraising activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious and/or communicable diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Special Olympics, Inc, Special Olympics Ohio their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

*Please sign Volunteer (& Parent/Guardian Name as needed) to certify that you have read and understand the COVID agreement above.

Special Olympics
Ohio



THANK YOU FOR YOUR **SERVICE!**