

SPECIAL KIDS SPECIAL FAMILIES
Physical Activity/Special Olympics Participation
General Release of Liability



Special Kids Special Families
1915 Aerotech Dr Ste. 100
Colorado Springs, CO 80916
719-447-8983 | sksf@sksfcolorado.org

Today's Date: _____

Participant's Full Name: _____

Caregiver's Full Name (if applicable): _____

Participant's or Caregiver's Address: _____

City: _____ State: _____ Zip: _____

Participant's or Caregiver's Email: _____

Participant's or Caregiver's Cell: _____

I, the undersigned participant, willingly chooses to participate in the Special Olympics Team organized by Special Kids Special Families, hereafter referred to as SKSF. In consideration for being allowed to participate in this physical activity, I acknowledge and agree to the terms outlined in this General Release of Liability Form.

1. ASSUMPTION OF RISK: I understand that participation in physical activities involves inherent risks and may result in injury, illness, or damage to personal property. I voluntarily accept and assume all such risks, both known and unknown, arising from my participation in the Special Olympics/Physical Activity Event(s).

2. RELEASE OF LIABILITY: I hereby release, waive, discharge, and hold harmless SKSF, its officers, directors, employees, volunteers, agents, and representatives from any and all claims, demands, actions, or causes of action, whether in law or in equity, arising out of or in connection with my participation in the Special Olympics/Physical Activity Event(s).

3. INDEMNIFICATION: I agree to indemnify and hold harmless SKSF against any and all claims, liabilities, losses, damages, costs, or expenses, including but not limited to attorney's fees, arising out of or in connection with my participation in the Special Olympics/Physical Activity Event(s).

4. MEDICAL TREATMENT: In the event of an injury or illness, I authorize SKSF to obtain necessary medical treatment for me. I understand that I am responsible for any costs associated with such medical treatment.

5. PHOTOGRAPHIC RELEASE: I grant SKSF the right to take photographs and/or videos of me during the Special Olympics/Physical Activity Event(s) for promotional or informational purposes. I understand that my participation is voluntary, and I waive any right to compensation for the use of these materials. To opt out, check here:

I have read and fully understand the terms and conditions of this General Release of Liability Form. I acknowledge that I am signing this document freely and voluntarily and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Participant's Full Name (please print): _____

Participant's Signature: _____ Date: _____

Parent/Guardian - if participant is a minor/ward (please print):

Parent/Guardian Signature: _____ Date: _____

Witness's Full Name - if applicable (please print):

Witness's Signature: _____ Date: _____