

Please submit by mail, email or fax to:
 Special Olympics MA | 512 Forest Street | Marlboro, MA 01752
 Fax: 508-481-0786 Email: Ops@SpecialOlympicsMA.org



Class A Volunteer Form (For Those 17 and younger)

New Volunteer Existing Volunteer Renewing Class A

Part I – Contact Info

*First Name:		Middle Initial:	*Last Name:	
*Date of Birth: Click here to enter a date.			*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
*Address:			Apartment #:	
*City/Town:		*State:	*Zip Code:	
*Home Phone:	Cell Phone:		Email:	
*Emergency Contact:		*Emergency Contact Phone:		

Race/Ethnicity (Optional)

Black or African American White American Indian/Alaska Native Asian Native Hawaiian/Pacific Islander

Hispanic/Latino Other

Part II – Volunteer Type

Please check off all that apply:

Unified Partner Chaperone Coach Other

Program Name (If known): _____

Part III – References

Please list two non-family member references below (Please list complete address)

*Name:		*Name:	
*Address:		*Address:	
*State:	*Zip:	*State:	*Zip:
*Phone:		*Phone:	

Part IV – Background Information

Please answer the questions below. If you answer “Yes” to any, please attach a written explanation.

1. Do you use illegal drugs? Yes No
2. Have you ever been convicted of a criminal offense? Yes No
3. Have you ever been criminally charged with neglect, abuse or assault? Yes No
4. Has your driver’s license ever been suspended or revoked? Yes No



Part V – Health Information

****Health information is collected in case of emergency. Each participant is responsible for determining if the participant is physically able to participate.**

Please mark if you have any of the following conditions and provide details:

<input type="checkbox"/> Special Dietary Needs:	<input type="checkbox"/> Epilepsy or Seizure Disorder:
<input type="checkbox"/> Allergies:	<input type="checkbox"/> Neurological Condition:
<input type="checkbox"/> Assistive or Implantable Devices:	<input type="checkbox"/> Diabetes:
<input type="checkbox"/> High Blood Pressure:	<input type="checkbox"/> Sickle Cell Anemia/Trait:
<input type="checkbox"/> Heart Condition:	<input type="checkbox"/> Chronic Infection:
<input type="checkbox"/> Asthma or Respiratory Condition:	<input type="checkbox"/> Missing Organ:
<input type="checkbox"/> Mental Health Condition:	<input type="checkbox"/> Other Health Conditions:

Part VI – Acknowledgement and Signature

I understand and agree to the following:

- The information that I have provided may be verified, and I give permission to SOMA to make inquiry of others concerning my application to act as a SOMA volunteer, and I fully release SOMA from any liability resulting from the verification process;
- I understand that SOMA specifically has my permission (both during participation and anytime thereafter) to use my likeness, name, voice, and words in television, radio, film, newspaper, magazines, and any other media, and in any form, to promote activities of Special Olympics Massachusetts;
- I understand that if a medical emergency should arise during my participation in any SOMA activity and I am not able to give my consent for treatment for any reason, that SOMA is authorized to take whatever measures are necessary to protect my health and well-being, including hospitalization;
- I understand that SOMA reserves the right, in its sole judgment, to deny an applicant who it determines poses a potential threat to the safety or integrity of themselves or others.

*Applicant Signature (must be handwritten): _____ *Signature Date: _____

*Parent/Guardian Signature (must be handwritten): _____ *Signature Date: _____

Both Signature are required.

This form will expire three (3) years from date of signature, or when applicant turns 18

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Special Olympics
Massachusetts



**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 *Massachusetts* 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.

Name of Participant: _____

Participant Signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child’s/ward’s presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____