

SPECIAL OLYMPICS NORTHERN CALIFORNIA

ATHLETE RELEASE

FROM ROUNDTRIP DELEGATION TRANSPORTATION/HOUSING

- 1) This form is only to be used if you have athlete that is unable to travel and be housed with the delegation and will travel and be housed with a parent or authorized care provider at their own cost.
- 2) Please print and complete this form and turn it in to your SONorCal Sports Staff contact prior to competition.
- 3) This form is not designed to be completed online and is a print-only document.

EVENT:	
DATE:	

Team Name (include area or county):	
Athlete Name (first and last):	
Sport:	
Parent/Care Provider Name (first and last)	
Head Coach Name (first and last):	

I am the parent, guardian and/or authorized care provider of or for the athlete named above who participates in Special Olympics Northern California (hereinafter "Program"). I hereby request that Program release the athlete for travel and housing for the Event and Date listed above (hereinafter "Event") directly to me. I hereby assume any and all risk(s) that may be associated with the athlete's transportation and housing prior to, during, and after the Event, and hereby release, discharge, and covenant not to sue Special Olympics Northern California, Inc., Special Olympics, Inc., and their respective directors, officers, employees, volunteers, or agents (each considered a "Releasee" herein), from all liability, claims, demands, losses, expenses, or damages that may be caused or alleged to be caused in whole or in part by such release. I further agree that if, despite this release, waiver liability, and assumption of risk, I, or anyone on my and/or the athlete's behalf, brings a claim or action against any of the Releasees in connection with or arising out of the athlete's independent travel and/or housing, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, expense or cost which any may incur as the result of such claim or action. By signing below, I assume all responsibilities listed herein.

Parent/Care Provider Signature:		Date:	
<i>All requests must be approved by sport head coach</i>			
Head Coach Signature:		Date:	