

Please read each statement before signing: I do hereby understand and confirm that:

- I have completed the General Orientation/Protective Behaviors session for volunteers and have been educated on the Special Olympics Maryland Volunteer Code of Conduct and SOMD's general procedures for protecting athletes from abuse. I agree to abide by these guidelines for the benefit and safety of all participants in the Special Olympics Program;
- I give my permission to Special Olympics Maryland to verify the information I have given and to conduct a criminal background screening and/or driving record screening;
- I authorize others to make available to any duly authorized representative of Special Olympics Maryland any information relevant to my volunteer application or status, and I waive any right I may have with regard to the release of this information to Special Olympics Maryland;
- I agree to indemnify and hold harmless Special Olympics Maryland and any person to whom this request is presented and their agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys' fees arising out of this request;
- in the course of volunteering for Special Olympics Maryland, I may be dealing with confidential information, and I agree to keep that information in the strictest confidence;
- the relationship between Special Olympics Maryland and volunteers is an "at will" arrangement, and it may be terminated at any time without cause by either the volunteer or Special Olympics Maryland;
- I grant Special Olympics Maryland permission to use my likeness, voice and words in television, radio, film or in any form to promote activities of Special Olympics Maryland;
- I am responsible for informing Special Olympics Maryland of ALL changes regarding information contained in this application, and that I may be asked to provide updated information at any time.

Please answer the following questions:

1. Do you use illegal drugs? YES NO
2. Have you ever been convicted of, or granted probation before judgment for:
a) a criminal offense; or b) driving while impaired, intoxicated, or under the influence of alcohol or drugs? YES NO
3. Have you ever been charged (as an adult or juvenile) with neglect, abuse or assault? YES NO
4. Has your driver's license ever been suspended or revoked in any state or other jurisdiction? YES NO
5. Within the past five (5) years, have you been at fault for two (2) or more traffic accidents, or had your automobile insurance cancelled for safety reasons? YES NO

I affirm that I have read and understand this Volunteer Application and that the information given is true and complete. I also understand that in the event false information is provided, I may be terminated from my volunteer position.

Applicant Signature: _____ Date: _____

This section to be completed for ANY applicant 17 years old or younger.

Parent/Guardian Name: _____
Relationship to Applicant: Parent Guardian Other _____ Primary Phone #: _____
Signature of Parent/Guardian: _____

Signature of Special Olympics Maryland Staff or Authorized Representative _____ Date: _____
Photo ID Provided: Yes NO

This section to be completed by UNIFIED SPORTS® PARTNERS ONLY
Area/County Program: _____

Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement

In consideration of participating in Special Olympics Maryland Unified Sports, I represent that I understand the nature of the event and that I (and/or my minor child) am (are/is) qualified, in good health and in proper physical condition to participate in Unified Sports events. I fully understand the event may involve risks of serious bodily injury which may be caused by my own actions or inactions, by the actions of others participating in the event, or by conditions in which the event takes place. I fully accept and assume all such risks and all responsibility for losses, costs, and/or damages I (and/or my minor child) may incur as a result of my (and/or my minor child's) participation. I acknowledge that at any time that if I (we) feel that the event conditions are unsafe, I (and/or my minor child) will discontinue participation immediately.

If during participation in Special Olympics activities I should need emergency medical treatment and I (and/or my minor child) am (are/is) not able to give consent for or make my own arrangements for that treatment because of my injuries, I authorize Special Olympics Maryland to take whatever measures are necessary to protect my health and well-being including, if necessary, hospitalization.

I (and/or my minor child) release, indemnify, covenant to sue and hold harmless Special Olympics Maryland, its administrators, directors, agents, officers, volunteers, employees and other Unified Sports participants and sponsors, advertisers, and if applicable, any owners and lessors of premises on which the activity takes place from all liability, any losses, claims (other than that of the medical accident benefit) demands, costs, or damages that I (or my minor child) may incur as a result of participation in Unified Sports events and further agree that if, despite this "Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement" 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.

I have read the "Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement" and fully understand and agree to it.

Signature of Unified Partner or Parent/Guardian if applicant is 17 years old or younger. _____ Date: _____

FOR OFFICE USE ONLY

Last Name: _____ ID Number: _____ Volunteer Class: _____
Background Screening Date: _____ Application Category: _____ New _____ Updated (check 1)
Date attended General Orientation/Protective Behaviors: _____ GMS/VSys: _____ Approved: _____