

# PARTICIPANT ACTIVITY WAIVER FORM

**Special Olympics**  
Washington



## RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY, AND PARENTAL CONSENT AGREEMENT FOR SPECIAL OLYMPICS WASHINGTON UNIFIED ROBOTICS PARTICIPATION

First and Last Name of Participant: \_\_\_\_\_  
School Name: \_\_\_\_\_

In consideration of participating in the Special Olympics Washington Unified Champion Schools Unified Youth Summits, taking place between October 2025 through December 2025 in Washington ("Event"), I represent that I understand the nature of my participation and that I and/or my minor child are competent, qualified, in good health, and in proper physical condition to participate in the Event. I acknowledge that if I and/or my minor child believe the Event conditions are unsafe, I and/or my minor child will immediately discontinue participation in the Event and any related activities.

I fully understand that the Event and any related activities involves risks of serious bodily injury, personal injury, illness and/or infection, which may result in and include (but is not limited to) permanent disability, paralysis and/or death, and which may be caused by my own actions or inactions, those of others participating in the Event, the conditions in which the Event takes place, or the negligence of the "Releasees" named below. I further understand that there may be other risks either not known to me or not readily foreseeable at this time. I fully accept and assume all such risks described herein and all responsibility for any losses, costs, and damages that I and/or my minor child incur as a result of my and/or my minor child's participation in the Event and any related activities.

I hereby release, discharge, and covenant not to sue Special Olympics Washington, Inc., Special Olympics, Inc., their respective administrators, directors, agents, officers, volunteers, and employees, any other participating entities, sponsors, advertisers, and, if applicable, any other owners and/or lessors of any public or private property on which any of the Event activities take place (each considered one of the "Releasees" named herein), from all liability, claims, demands, losses or damages on my and/or my minor child's account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

I hereby consent to receive any medical treatment which may be deemed advisable for me and/or my minor child in the event of injury and/or illness during the Event and any related activities. I understand that I or my health insurer (and not any of the Releasees or their insurers) will be responsible to pay for or otherwise cover any or all of the expenses in connection with any injury and/or illness that I and/or my minor child may suffer in connection with the Event and any related activities.

In addition, I hereby authorize any of the Releasees and/or their agents to photograph, film, tape, or otherwise create audio and/or video recordings, still images, and/or textual descriptions of me and/or my minor child during the Event and any related activities, whether virtual or in-person, and to use the same for any legitimate purpose, as well as to use the name and biographical information of me and/or my minor child in connection therewith, without compensation or further permission.

I am at least 18 years of age or older, and have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY, AND PARENTAL CONSENT AGREEMENT. I understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance and intend to be an unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this Agreement is held to be invalid, the balance notwithstanding shall continue in full force and effect.

This document shall be binding upon me and my minor child, including my and/or my minor child's heirs, executors, administrators and assigns, and any legal guardian of my minor child.

Signature of Participant, if 18: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_