

## **HEALTHY ATHLETES CONSENT and RELEASE OF LIABILITY FORM**

Special Olympics Kansas offers certain non-invasive health care services to athletes at state venues through its Healthy Athletes Program. These services may include individual screening assessments of health status and health care needs, provision of health education, routine preventive services (e.g. protective mouth guards), educational services, and, in the case of vision and hearing deficits, provision of needed eyewear (glasses, swim goggles, protective eyewear) and hearing aids. Athletes are informed as to their health status and may receive a recommendation to obtain follow-up care. Health care information collected when the athletes receive a screening has provided invaluable data to help Special Olympics Kansas develop policies, secure resources, and implement programs to better meet the health needs of athletes.

I understand that by signing below I consent to participate in the Special Olympics Kansas Healthy Athletes program that provides individual screening assessments of health status and health care needs in the areas of vision; oral health; hearing; physical fitness; podiatry and a variety of health promotion areas (height, weight, sun protection, etc.).

I understand there is no obligation for me to participate in the Healthy Athletes Program screening assessment. My participation is completely voluntary.

I understand that the provision this health screening assessment is not intended as a substitute for regular health care or treatment. I acknowledge that the health care provider who performs the health screening assessment is not my personal provider and any discussion about the health screening assessment will not create a provider-patient relationship. The health care provider with whom I interact with and/or speak has no continuing obligation to treat me or provide follow-up care based on the results of the health screening assessment. I understand that I should seek my own independent medical advice and assistance irrespective of the provision of these services and that Special Olympics Kansas is not through the provision of these provisions responsible for my health.

I understand that information that is gathered as part of the screening process may be used by Special Olympics, Inc. and/or Special Olympics Kansas in an aggregated, anonymous format to help Special Olympics, Inc. and/or Special Olympics Kansas assess and communicate the overall health needs of athletes and to develop programs to address those needs.

I agree that I may be contacted by Special Olympics Kansas at a later date. Other than as set forth herein, I understand my information will not be disclosed by Special Olympics Kansas without my authorization.

I hereby waive, release, discharge and agree not to sue Special Olympics Kansas, its employees, and/or representatives, including but not limited to, officers, directors, agents and / or volunteers, the site sponsor and health care provider volunteers, for any and all loss, damage or injury to me arising out of this health screening, now or in the future, whether cause directly or indirectly by the screening service. I understand, acknowledge and agree that this Release and Waiver of Liability applies to my personal representatives, assigns, and heirs. I acknowledge that this release shall not apply to any claims related to gross or willful/wanton/criminal/intentional acts committed by those who are otherwise released hereby. I intend my signature to be a complete and conditional release of all liability to the fullest extent of the law.

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By signing below, I certify that I am 18 years of age or older, and I have carefully read, fully understand, and agree to the foregoing consent and release.

\_\_\_\_\_  
Athlete's Printed Name

\_\_\_\_\_  
Athlete's Signature (18 years old or older)

\_\_\_\_\_  
Date

**IF ATHLETE IS UNDER 18, PARENT/LEGAL GUARDIAN MUST READ AND SIGN BELOW:**

I am the parent / legal guardian of the above named athlete and have carefully read the above consent and release. I hereby consent to the terms of this consent and release on behalf of the named athlete, and give my consent to the participation of the named athlete in the health screening services on the terms stated.

\_\_\_\_\_  
Parent or Guardian Printed Name

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date