

Housing Release Form



The health and safety of all Special Olympics New York participants is of paramount importance to Special Olympics New York. Participants should feel that every Special Olympics New York event is a safe, positive experience and should not be fearful of other athletes, coaches or volunteers. Each member of the delegation shall be assigned his/her own bed. Athletes and volunteers may not share a room with an athlete or volunteer of the opposite sex. * The chaperone/athlete ratio of at least one properly registered chaperone to every four athletes must be maintained during overnight events. All chaperones must be screened in accordance with the Special Olympics Volunteer Screening Policy.

Name: (print) Last _____ First _____ Middle Initial _____

Region: _____

Date of Birth: ___/___/___

Female *or* Male

Athlete *or* Unified Partner

*See complete Special Olympics New York Housing Policy for allowed exceptions. The complete Special Olympics New York Housing Policy can be found at www.nyso.org.

Adult Athlete &
Witness signature

By signing below I acknowledge that I have read and accept the Special Olympics New York Housing Policy and will abide by the terms of the policy.

Signature of ADULT participant _____ Date ___/___/___

I hereby certify that I have reviewed this release with the participant whose signature appears above.

I am satisfied based on that review that the participant understands this release and has agreed to the provisions of this release.

Name (print) _____ Relationship to participant _____

*****OR*****

Parent / Guardian
signature

IF PARTICIPANT IS A MINOR:

Signature of Parent/Guardian _____ Date ___/___/___

Name (print) _____