



DATE

NAME FIRST NAME LAST/FAMILY

LINE 1

LINE 2

CITY, STATE ZIP CODE

Dear **NAME FIRST**,

You are receiving this letter because you are a registered Special Olympics Massachusetts athlete or Class A volunteer with a current medical or class A application form on file. Starting on April 1st, 2021, Special Olympics Incorporated is requiring all registered athletes and volunteers to sign the enclosed Communicable Disease Waiver before they return to play.

The enclosed waiver can be signed, dated, and returned to the Business Operations Department via email, mail or fax:

- Email: Ops@SpecialOlympicsMA.org
- Fax: 508-481-0786
- Mail: Special Olympics MA, 512 Forest Street, Marlborough, MA 01752, ATTN: Business Operations

There is an option to electronically sign this waiver instead of submitting a physical copy. The electronic version can be accessed on www.specialolympicsma.org/waiver

The waiver also includes fields to note your preferred email address, mailing address and telephone number, as well as preferred communication method(s), to stay informed of COVID-19 updates, Return to Play opportunities, and other Special Olympics Massachusetts information.

Starting on April 1st, 2021, this waiver will be included with the medical and Class A volunteer form for all athletes and volunteers renewing theirs, or brand new individuals completing the form. The updated forms, along with all COVID-19 Return to Play resources, will be available on <https://www.specialolympicsma.org/covid-19-and-return-to-play-resources/>

Please contact me with any questions. Thank you and we look forward to your continued participation with Special Olympics Massachusetts.

Regards,

A handwritten signature in black ink that reads "Matt Vaghi".

Matt Vaghi

Director of Business Operations

Office: 508-485-0986 x229 | Matt.Vaghi@SpecialOlympicsMA.org

Special Olympics Massachusetts

The Yawkey Sports Training Center

512 Forest Street, Marlborough, MA 01752

Tel 508-485-0986 Fax 508-481-0786

Email Ops@SpecialOlympicsMA.org

www.SpecialOlympicsMA.org

**WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION
AGREEMENT FOR COMMUNICABLE DISEASES
("Agreement") for
SPECIAL OLYMPICS**

In consideration of being allowed to participate in any way in Special Olympics sports training, competition or fundraising activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious and/or communicable diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Special Olympics, Inc, Special Olympics *Massachusetts* their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Participant: _____ Date of Birth: _____

Participant Signature: _____ Date signed: _____

Preferred Email Address: _____

Preferred Telephone Number (circle Cell or Home Phone): _____

Preferred Mailing Address: _____

Preferred Method of Contact (Circle all that apply): Email Phone Mail

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____ Date signed: _____