



# Unified Sports Fitness Club Membership Application



www.soindiana-rod.org

**APPLICATION MUST BE MAILED OR EMAILED. DO NOT GIVE TO A COACH.**

Name \_\_\_\_\_  Athlete  Unified Partner

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

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**Registration Agreement:** Please initial and sign to indicate understanding and agreement.

- \_\_\_ I understand that participants are expected to participate in at least one organized group walk/activity (outside of sports practice) weekly. I am also aware that activities and schedules are subject to change at the discretion of Special Olympics Indiana - Ripley Ohio Dearborn Counties.
- \_\_\_ I understand that participants are expected to participate in at least one organized lesson on a health topic monthly.
- \_\_\_ I understand that participants are expected to participate in a periodic "challenge" that will be organized to focus on training and create intra and inter-club interaction. Regional and state walks will be offered occasionally.
- \_\_\_ I understand that I will be required to provide health metrics, such as but not limited to: height, weight, blood pressure, and resting heart rate.
- \_\_\_ I understand that I will be required to sync my data (steps, miles, moves) tracked through a Special Olympics Indiana provided MOVBand (or other approved activity tracker) at least weekly.
- \_\_\_ I understand that Athlete participants must be a registered Special Olympics Indiana athlete with an Application to Participation on file and will be required to have a current (less than 3 years old) medical form on file.
- \_\_\_ I understand that Unified Partner participants must be a registered Special Olympics Indiana Class A Volunteers.
- \_\_\_ I understand that the Unified Partner to Athlete ratio will be 1:4.
- \_\_\_ I understand that photos and success stories are requested for grant reports and general publicity.

**WAIVER AND RELEASE:** I fully understand that participating in Unified Sports Fitness Club activities may result in accidents, illness or serious injury. I am voluntarily participating in the Special Olympics Unified Sports Fitness Club (hereinafter the "Event") sponsored by Special Olympics Indiana—Ripley Ohio Dearborn Counties with a complete understanding of the risks associated with participation in the Event. By signing this Waiver and Release Form, I declare that I am medically able, in proper physical condition and capable of safely participating in the Event. In consideration for being allowed to participate in the Event, I agree to defend, release and hold harmless the Special Olympics Indiana, and the Event sponsors including each of their respective officers, directors, trustees, members, agents, volunteers and employees from any and all actions, claims, liabilities, damages, costs, expenses (including attorney fees and medical expenses) and losses that may directly or indirectly result from (1) my conduct, (2) my participation in the Event or (3) the conduct of any other persons (including other Event participants and/or members of the general public), who may cause me injury, damage or harm before, during, following and at the Event. I understand and agree that this Waiver and Release is binding on me and my heirs, successors, personal and legal representatives. I hereby give permission to Special Olympics Indiana to use my name, photograph, videotape, motion picture recording, voice and likeness for Special Olympics purposes including pre and post Event publicity. I have carefully read this Waiver and Release and fully understand its content. By my signature below, I consent and agree to the terms of this Waiver and Release.

**Signature of Participant** \_\_\_\_\_ **Date** \_\_\_\_\_

I am the parent/legal guardian of a child under the age of 18 years, who is allowed to participate in the Event. By signing below, I consent and agree to the application of this Waiver and Release as it relates to my minor child that I have allowed to participate in the Event.

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

**PLEASE MAIL COMPLETED APPLICATION TO:** Special Olympics Indiana—Ripley Ohio Dearborn Counties  
429 Manchester Street, Aurora, IN 47001

**OR EMAIL TO:** info@soindiana-rod.org

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