

Official Release Form
Release To Be Completed By Adult Athlete

I, _____ am at least 18 years old and have submitted the attached application for participation in Champion Athletes of the Ozarks.

I also represent that a licensed physician has reviewed the health information contained in my application and has certified, based on an independent medical examination, that there is no medical evidence which would preclude me from participating in Champion Athletes of the Ozarks. I understand that if I have Down Syndrome, I cannot participate in sports or events which, by their nature, result in hyper-extension, radical flexion or direct pressure on my neck or upper spine unless I have had a full radiological examination which establishes the absence of Atlanto-axial Instability. I understand that I must have the radiological examination before I can participate in high jump, gymnastics, equestrian sports pentathlon, butterfly stroke, soccer, and diving starts in swimming.

Champion Athletes of the Ozarks has my permission, (both during and anytime after), to use my name, likeness, voice, or words in either newspapers, radio, film, television, magazines, and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Champion Athletes of the Ozarks and/or applying for funds to support these purposes and activities.

If, during my participation in Champion Athletes of the Ozarks activities, I should need emergency medical treatment, and I am not able to give my consent or make my own arrangements for that treatment because of my injuries, I authorize Champion Athletes of the Ozarks to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

I, the athlete named above, have read this paper and fully understand the provisions of the release that I am signing. I understand that by signing this paper, I am saying that I agree to the provisions of this release.

Signature of Athlete

Date

I hereby certify that I have reviewed this release with the athlete whose signature appears above. I am satisfied based on that review that the athlete understands this release and has agreed to its terms.

Name (Print): _____

Relationship to athlete _____
(example - family member, teacher, coach, etc.)

Release To Be Completed By Parent Or Guardian Of Minor Athlete

I am the parent/guardian of _____, on whose behalf I have submitted the attached application for participation in Champion Athletes of the Ozarks. I hereby represent that the athlete has my permission to participate in Champion Athletes of the Ozarks activities.

I further represent and warrant that to the best of my knowledge and belief, the athlete is physically and mentally able to participate in Champion Athletes of the Ozarks. With my approval, a licensed physician has reviewed the health information set forth in the athlete's application, and has certified based on an independent medical examination that there is no medical evidence which would preclude the athlete's participation. I understand that if the athlete has Down Syndrome, he/she cannot participate in sports or events which, by their nature, result in hyper-extension, radical flexion or direct pressure on the neck or upper spine, unless he/she has had a full radiological examination which establishes the absence of Atlanto-axial Instability. I understand that the athlete must have the radiological examination before he/she can participate in high jump, gymnastics, equestrian sports, pentathlon, butterfly stroke, soccer, and diving starts in swimming.

In permitting the athlete to participate, I am specifically granting my permission, (both during and anytime after), to Champion Athletes of the Ozarks to use the athlete's likeness, name, voice and words in newspapers, radio, film, television, magazines and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Champion Athletes of the Ozarks and/or applying for funds to support those purposes and activities.

If a medical emergency should arise during the athlete's participation in any Champion Athletes of the Ozarks activities, at a time when I am not personally present so as to be consulted regarding the athlete's care, I hereby authorize Champion Athletes of the Ozarks, on my behalf, to take whatever measures are necessary to ensure that the athlete is provided with any emergency medical treatment, including hospitalization, which Champion Athletes of the Ozarks deems advisable in order to protect the athlete's health and well-being.

I am the parent (guardian) of the athlete named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the athlete. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the athlete named above.

I hereby give my permission for the athlete named above to participate in Champion Athletes of the Ozarks games, recreation programs and physical activity programs.

Signature of Parent/Guardian

Date