



Special Olympics

Nebraska

Athlete Code of Conduct

Special Olympics is committed to the highest standards of Sportsmanship, Training, Rules of Competition, and Character. I understand I am a representative of Special Olympics, both on and off the field, and my actions should uphold these standards. As an athlete participating in Special Olympics or as a Unified Partner, I agree to abide by the Special Olympics Athlete Code of Conduct as stated below:

Sportsmanship

- ✓ I will practice good sportsmanship.
- ✓ I will act in ways that bring respect to me, my coaches, my team and to Special Olympics.
- ✓ I will not swear and/or use bad language.
- ✓ I will not insult others by my actions, verbal or non-verbal.
- ✓ I will not fight with others athletes, coaches, volunteers or staff of Special Olympics Nebraska.

Training and Competition

- ✓ I will train regularly and follow guidelines set-forth on current training requirements.
- ✓ I will learn and follow rules of sports I participate in.
- ✓ I will listen to my coaches and officials.
- ✓ I will consistently do my best in training, attendance and in competitions.
- ✓ I will consistently compete at the best of my ability and not hold back during preliminary or 'divisioning.'

Character

I will not make inappropriate or unwanted physical, verbal or sexual advances on others, including using social media (ie: Texting, Tweeting, Facebook).

- ✓ I will not make any negative statements about athletes, coaches, volunteers or Special Olympics., which includes social media such as Facebook, Twitter, My Space, texting. etc.
- ✓ I will not smoke in non-smoking areas.
- ✓ I will not use illegal drugs.
- ✓ I will not drink alcohol underage nor when involved in Special Olympics activities.
- ✓ I will not take or use drugs for the purpose of improving my performance.
- ✓ I will obey all laws and Special Olympics rules, as well as the National and International Federations/Governing Rules for my sport(s).

I understand that if I do not obey this Special Olympics 'Code of Conduct,' I will be subject to a range of consequences by my Team, Region, or Special Olympics Nebraska, up to and including not being allowed to participate in any sports or activities.

Athlete Name: _____

Team/ Delegation: _____

Athlete or Parent/Guardian Signature: _____

Date: ____/____/____

I authorize my electronic signature.

ATHLETE RELEASE FORM

Special Olympics



I agree to the following:

1. **Ability to Participate.** I am physically able to take part in Special Olympics activities.
2. **Likeness Release.** I give permission to Special Olympics, Inc., Special Olympics games organizing committees, and Special Olympics accredited Programs (collectively "Special Olympics") to use my likeness, photo, video, name, voice, and words to promote Special Olympics and raise funds for Special Olympics.
3. **Risk of Concussion and Other Injury.** I know there is a risk of injury. I understand the risk of continuing to play sports with or after a concussion or other injury. I may have to get medical care if I have a suspected concussion or other injury. I also may have to wait 7 days or more and get permission from a doctor before I start playing sports again.
4. **Emergency Care.** If I am unable, or my guardian is unavailable, to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care on my behalf, unless I mark one of these boxes:
 - ☐ I have a religious or other objection to receiving medical treatment. (Not common.)
 - ☐ I do not consent to blood transfusions. (Not common.)(If either box is marked, an EMERGENCY MEDICAL CARE REFUSAL FORM must be completed.)
5. **Overnight Stay.** For some events, I may stay in a hotel or someone's home. If I have questions, I will ask.
6. **Health Programs.** If I take part in a health program, I consent to health activities, screenings, and treatment. This should not replace regular health care. I can say no to treatment or anything else at any time.
7. **Personal Information.** I understand that Special Olympics will be collecting my personal information as part of my participation, including my name, image, address, telephone number, health information, and other personally identifying and health related information I provide to Special Olympics ("personal information").
 - I agree and consent to Special Olympics:
 - using my personal information in order to: make sure I am eligible and can participate safely; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if I participate in a health program; analyze data for the purposes of improving programming and identifying and responding to the needs of Special Olympics participants; perform computer operations, quality assurance, testing, and other related activities; and provide event-related services.
 - using my personal information and creating a profile of me for communications and marketing purposes, including direct digital marketing through email, SMS, social media, and other channels.
 - sharing my personal information with (i) researchers, business partners, public health agencies, and other organizations that are studying intellectual disabilities and the impact of Special Olympics activities, (ii) medical professionals in an emergency, and (iii) government authorities for the purpose of assisting me with any visas required for international travel to Special Olympics events and for any other purpose necessary to protect public safety, respond to government requests, and report information as required by law.
 - I understand Special Olympics is a global organization with headquarters in the United States of America. I acknowledge that my personal information may be stored and processed in countries outside my country of residence, including the United States. Such countries may not have the same level of personal data protection as my country of residence, and I agree that the laws of the United States will govern your processing of my personal information as provided in this consent.
 - I have the right to ask to see my personal information or to be informed about the personal information that is processed about me. I have the right to ask to correct and delete my personal information, and to restrict the processing of my personal information if it is inconsistent with this consent.
 - *Sharing of Personal Information.* Personal information may be shared consistent with this form and as further explained in the Special Olympics privacy policy at www.SpecialOlympics.org/Privacy_Policy.aspx.

Athlete Name:	E-mail:
ATHLETE SIGNATURE (required for adult athlete with capacity to sign legal documents)	
I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.	
Athlete Signature:	Date:
PARENT/GUARDIAN SIGNATURE (required for athlete who is a minor or lacks capacity to sign legal documents)	
I am a parent or guardian of the athlete. I have read and understand this form and have explained the contents to the athlete as appropriate. By signing, I agree to this form on my own behalf and on behalf of the athlete.	
Parent/Guardian Signature:	Date:
Printed Name:	Relationship:

I authorize my signature.