

USNA Waiver:

Printed name of participant

I consent for the above-named participant to take part in all physical activities that may be arranged for Special Olympics attendees, and I further certify that I am in good health and capable of fully participating in all activities. I acknowledge that persons who may use the facilities of the United States Naval Academy do so at their own risk and that employees and agencies of the U.S. Government and/or the U.S. Naval Academy are not responsible for the loss of personal property, injury or loss of life.

Emergency Waiver: Unless I have completed the Special Olympics Emergency Medical Care Refusal Form, in emergencies requiring immediate medical attention, I will be taken to the nearest hospital emergency room and will be accompanied by an adult volunteer or staff member. My signature authorizes me to be transported to the hospital to receive any immediate treatment required. If I have expressly declined medical care by completing the Emergency Medical Care Refusal Form, I will comply with all requirements listed therein, and I release the employees and agencies of U.S. Government and/or the U.S. Naval Academy from all claims that may arise out of taking or failing to take measures to provide me with medical care based on my knowing and voluntary refusal to consent to emergency medical care.

Photography Waiver: I understand that throughout the event pictures of the above-named participant may be taken and may be used to promote the MIDSHIPMAN ACTION GROUP activities without compensation to me, my family, or representatives.

Signature of participant 18 years old and above

Signature of parent or guardian