**Form B1 - Delegate, Coach Release Form and Privacy Statement.**

**Delegation Name**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am at least 18 years old and have submitted the attached application for participation as a Delegate or Coach for the Special Olympics European Unified Futsal Christmas Cup on 14-17 December, 2023 in Belgium. I hereby authorize, without compensation to me, Special Olympics Inc and the Special Olympics European Unified Futsal Christmas Cup Belgium 2023 - Organizing Committee (collectively, “Special Olympics” ), both during and any time after the tournament to use, and license others to use, my name, voice, likeness, statements or words in television, radio, film, newspapers, magazine, on the internet or any other media, in any form, for the purpose of publicizing, promoting, advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities.

**Waiver & Release**I fully understand the risks involved with participation in the tournament and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I may incur as a result of my participation in the tournament. I further understand that Special Olympics will own the information I provide in the registration materials and will share that information with the Special Olympics European Unified Futsal Christmas Cup Belgium 2023 - Organizing Committee.

I hereby release, discharge, and covenant not to sue Special Olympics Inc, the Special Olympics European Unified Futsal Christmas Cup Belgium 2023 - Organizing Committee, their respective administrators, directors, agents, officers, volunteers, and employees, and other participants (“Releases” ) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the releases, I will indemnify, save, and hold harmless each of the releases from any loss, liability, damage, or cost which I may incur as the result of such claim.

I have read this **Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement,** and understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extend allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. I agree to abide by the Coaches Code of Conduct during the tournament.

If, during my participation in Special Olympics activities, I should need emergency medical treatment, and I am not able to give my consent or make my own arrangements for treatment because of my injuries, I authorize Special Olympics to take whatever measures it deems advisable to protect my health and well-being, including hospitalization if necessary.

I understand that Special Olympics (SO) is collecting my personal information (including medical information) as provided by me through this registration packet. I further understand and acknowledge that SO will disclose my personal information, including the information collected through this registration material, to the Special Olympics European Unified Futsal Christmas Cup Belgium 2023 - Organizing Committee and that either SO or the Organizing Committee will input the personal information I provided into a computerized database that will be maintained by SO after the tournament end. I further understand that SO and the Organizing Committee will use the information provided by me to conduct the tournament, including for the following or similar purposes: 1) compiling results of the tournament for SO, the media and the public (including via a Web site that may provide certain information about me and video or pictures of me participating at the tournament); verifying participation in the tournament; conducting training on divisioning; conducting statistical analysis; and providing tournament related services, such as housing, transportation, meals and medical. I acknowledge and understand that the Organizing Committee may disclose my personal information to certain government authorities for the purpose of obtaining any required visas so that I may travel to Belgium.

More details can be found in the attached Privacy Policy

I have read this form and fully understand the provisions of the release and Privacy Statement that I am signing. I understand that by signing this form I am saying I agree to the provisions of this release and with the processing of my personal data in accordance with the Privacy Statement.

More information: <https://special-olympics.be/nl/privacy-policy/>

For any questions please contact gdpr.privacy@specialolympics.be

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_ / \_ \_ /2023**

**Printed Name of Delegate or Coach Signature of Delegate or Coach Date**