**Form C3 - Athlete/ Partner Release Form and Privacy Statement**

Depending whether you are Parent /Guardian or an adult and legally responsible for yourself Athlete, please cross out/delete any unnecessary statement.

Name of Athlete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent / Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the Parent / Guardian of the above mentioned athlete and I hereby represent that he/she has my permission to participate in the Special Olympics European Unified Futsal Christmas Cup on 14-17 December, 2023 in Belgium.

\*I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am at last 18 years old and have submitted the attached application for participation in Special Olympics. I further represent and warrant that to the best of my knowledge and belief, the athlete is/ I am physically able to participate in the Special Olympics European Unified Futsal Christmas Cup on 14-17 December, 2023 in Belgium.

If a medical emergency should arise during the athlete’s/my participation in this tournament, at a time when I am not personally present so as to be consulted regarding the athlete’s /unified partner’s/myself care, I hereby authorize Special Olympics on my behalf, to take whatever measures are necessary to insure that the athlete is provided with any emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the athlete’s or partner’s health and well-being.

Privacy Statement

In permitting the athlete/myself in participating, I am specifically granting my permission to Special Olympics Inc and the Special Olympics European Unified Futsal Christmas Cup 2023 on 14-17 December, 2023 in Belgium - Organizing Committee (collectively, “Special Olympics”) to use the athlete’s/my likeness, name, voice and words in television, radio, film, newspaper, magazines, on the Internet, World Wide Web and/or other media and in any form for the purpose of publicizing, promoting or communicating the purposes and activities of Special Olympics and / or applying for funds to support these purposes and activities.

I understand that Special Olympics is collecting the Athlete/my personal information as provided by Athlete/me through this registration packet (Form C1, C2 and C3). I further understand and acknowledge that Special Olympics will disclose the personal information, including the information collected through this registration material, to the Special Olympics European Unified Futsal Christmas Cup 2023. The Local Organizing Committee and that either Special Olympics or Local Organizing Committee will input the personal information Athlete/I provided into a computerized database that will be maintained by Special Olympics after the tournament end.

I further understand that Special Olympics and the Local Organizing Committee will use information provided by Athlete/me to conduct the tournament, including for the following or similar purposes: 1) compiling results of the tournament for Special Olympics, the media and the public (including via a Website that may provide

certain information about the Athlete/me and video or pictures of Athlete/my participating at the Games); verifying participation in the tournament; conducting training on divisioning ; conducting statistical analysis; providing tournament related services, such as housing, transportation, meals and medical; and for other purposes as Special Olympics or Organizing Committee deem necessary to protect the minor/ adult Athlete/myself health and safety. I acknowledge and understand that the Organizing Committee may disclose Athlete/me personal information to certain government authorities for the purpose of obtaining and required visas so that the Athlete/myself may travel to Belgium.

More details can be found in the attached Privacy Policy

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| Release for minor Athlete or person who are not legally responsible for him/herself | If an athlete is an adult and legally responsible for him/herself, he/she can sign this form |
| I, the undersigned, am parent/guardian of the above-specified athlete and I hereby give my permission to participate as well as with the processing of the minor Athlete’s personal data pursuant to the above Privacy Statement\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Parent / GuardianDate \_ \_ / \_ \_ / 2023 | I, the undersigned, am of legal age and agree to the above conditions for participation in this event as well as with the processing of my personal data pursuant to the above Privacy Statement\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Athlete if of legal Age Date \_ \_ / \_ \_ / 2023 |
|  | I certify that I have reviewed this release with the athlete whose signature appears above. The Athletes understands this release and Privacy Statement and has agreed to its items\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name (print) and Relation to athlete |