

FORM B – RELEASE FORM | ATHLETE

I _____ (Insert Athlete's Name) have submitted registration forms for participation in Special Olympics as an athlete for the 2023 Special Olympics National Winter Games (2023 NWG). Special Olympics has my permission, both during and any time after, to use my likeness, name, voice, or words in either television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities.

I understand that my personal information will be owned by Special Olympics New Zealand and processed for the purpose of administration of the 2023 NWG in accordance with the **Privacy Act 1993**. I understand my personal information will be used by Special Olympics New Zealand for: administration of the 2023 NWG; compilation of results; for use by the media; for promotional activities; verification of participation in the 2023 NWG; training on divisioning and; statistical analysis.

If, during my participation in 2023 NWG 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 authorise Special Olympics New Zealand to take whatever measures are necessary to protect my health and well-being, including hospitalisation if necessary.

I have read this form 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 (over 18 years)

Date

Signature of Parent or Guardian
(Athletes under 18 years)

Date

Print Name of Parent or Guardian