



AUTHORIZATION, CONSENT AND RELEASE

**(SPECIAL RELEASE CONCERNING SPINAL CORD COMPRESSION AND/OR
SYMPTOMATIC ATLANTO-AXIAL INSTABILITY)**

Prior to my participation in Special Olympics training and competition, I have been examined by a licensed medical professional.

I understand and acknowledge that the examination has indicated certain symptoms that might be the result of spinal cord compression, including symptomatic Atlanto-axial instability.

I have received a thorough neurological evaluation by a physician qualified to state that the cause of my symptoms will not result in additional risk of neurological injury due to my participation in sports, and who has certified that I may participate in Special Olympics without restrictions.

I acknowledge that I have been informed of the findings and determinations of the physician.

I hereby release and hold harmless Special Olympics from any and all claims and demands of any nature whatsoever which I may have now or hereafter in connection with this Authorization, Consent and Release.

I am of full age and have the right to contract in my own name. I have read the above and fully understand the contents. This Authorization, Consent and Release shall be binding upon me and my heirs and legal representatives.

Printed Name

Signature

Date