



**SPECIAL OLYMPICS NEW YORK, INC.
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY,
AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")**

In consideration of participating in the **Buffalo Bowl**, I represent that I understand the nature of **the Buffalo Bowl** event and that I and/or my minor child am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which traffic hazards are to be expected. I acknowledge that if I and/or my minor child believe event conditions are unsafe, I and/or my minor child will immediately discontinue participation in the Activity.

I fully understand that **Buffalo Bowl** involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" names below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I and/or my minor child incur as a result of my and/or minor child's participation in the Activity.

I hereby release, discharge, and covenant not to sue Special Olympics New York, Inc., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "Releasees" herin) from all liability claims, demands, losses, or damages on my account caused alleged to be caused whole or in part by the negligence of the "releasees" 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 and/or my minor child's behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND PARENTAL CONSENT AGREEMENT, 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 extent 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 hereby permit Special Olympics New York to use the participants likeness, name, voice and words in television, radio, film, newspapers, magazines and other social media, and in any form, for the purpose of publicizing, promoting or communicating the purposes and activities of Special Olympics New York and/or applying for funds to support these purposes and activities.

By signature below, I affirm that, in the last 14 days, I (1) have not experienced a fever 100.4 degrees or greater, a new cough, new loss of taste or smell, or shortness of breath; (2) have not received a positive result from a COVID-19 test; (3) to the best of my knowledge have not been in close contact (within 6 feet for at least 10 minutes) with anyone while they had COVID-19; and (4) have not traveled to a state outside New York requiring quarantine upon reentry, nor has any member of my household.

Name: _____ Signature: _____ Date: _____

Address: _____ City _____ State _____ Zip _____

Email: _____ Phone # (____) _____

Parent's Name: _____ Parent's Signature: _____

Date: _____