

TRANSPORTATION

Please check the appropriate box:

- I will be providing own transportation
- I will be providing own transportation and am willing to help others by carpooling
- I do not have transportation and will need assistance

SPECIAL OLYMPICS ORANGE COUNTY CHAPEL HILL PARKS AND RECREATION DEPARTMENT LIABILITY WAIVER

I, or the parent/guardian of, _____, hereby give permission for my son's/daughter's/self participation in the above checked sports programs, conducted by the Special Olympics Orange County program and the Chapel Hill Parks and Recreation Department. I assume all risks and hazards incidental to such participation including transportation to and from all activities, and do so hereby waive, release, absolve, indemnify and agree to hold harmless the Town of Chapel Hill, its officers, agents and employees, the Parks and Recreation Commission, the coaches and co-sponsors from any claims arising out of injury to the above named person.

In addition, I give my permission to North Carolina Memorial Hospital and/or any other licensed medical facility to provide treatment as deemed necessary by them for the well being of my child/ward/self.

Parent/Guardian/Athlete (if own guardian) signature: _____.

Date: _____.

Note: All athletes also must complete an Application for Participation in Special Olympics (medical form renewable every 3 years), an Official Special Olympics Release Form, and a SOOC Orange County Rules of Conduct contract.

Please complete and return to:

**Special Olympics Orange County
c/o Chapel Hill Parks and Recreation
200 Plant Road
Chapel Hill, NC 27514
919-968-2810; www.sooc.org
clanigan@townofchapelhill.org**