



ATLANTO-AXIAL INSTABILITY (AAI) SPECIAL RELEASE FORM

(SPECIAL RELEASE CONCERNING SPINAL CORD COMPRESSION AND ATLANTO-AXIAL INSTABILITY)

INSTRUCTIONS:

ONLY COMPLETE THIS FORM IF SYMPTOMS OF SPINAL CORD COMPRESSION OR ATLANTO-AXIAL INSTABILITY WERE FOUND IN A PRE-PARTICIPATION EXAMINATION AND A DOCTOR THEN PROVIDED CLEARANCE FOR PARTICIPATION FOLLOWING A NEUROLOGICAL EVALUATION.

I agree to the following:

1. **Spinal Cord Compression Symptoms.** In a pre-participation examination, a licensed medical professional found symptoms that might be the result of spinal cord compression or Atlanto-axial instability.
2. **Neurological Evaluation.** After a neurological evaluation, a qualified doctor concluded that:
 - The cause of the symptoms will not result in additional risk of neurological injury due to participation in sports, and
 - Participation in Special Olympics activities is safe without restrictions or with restrictions that will be shared with Special Olympics and followed.
3. **Liability Release.** I acknowledge that I have been informed of the findings and determinations of the physician. I release and hold harmless Special Olympics, Inc., Special Olympics Maryland, their respective agents and employees, from all claims in connection with possible spinal cord compression or Atlanto-axial instability.

ATHLETE NAME: _____

ATHLETE SIGNATURE (required if Athlete is over 18 years old and is signing on own behalf)

I have read and understand this release. By signing, I agree to this release.

Athlete Signature: _____ Date: _____

PARENT/GUARDIAN SIGNATURE (required if Athlete is under 18 years old or has a legal guardian)

I am a parent or guardian of the Athlete and am authorized to enter into this release on the Athlete's behalf. I have read and understand this release and have explained the contents to the Athlete as appropriate. By signing, I agree to this release on my own behalf and on behalf of the Athlete. This Release shall be binding upon me, the Athlete and our respective heirs and legal representatives.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Relationship: _____