



UNITED STATES OLYMPIC TRAINING CENTER
PARTICIPANT BIOGRAPHY

Program Name: _____

PARTICIPANT'S BIOGRAPHICAL INFORMATION

Name: _____

First

M.I.

Last

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

Gender: Male Female US Citizen: Yes No If no, what nationality? _____

Birth Date: _____ Social Security Number (last four digits only): XXX-XX-_____

(Four digit SSN and Birthdate required. Used for OTC filing purposes ONLY)

Address: _____ State: _____

City: _____ Zip: _____ Country: _____

EMERGENCY CONTACT INFORMATION (Required)

Name: _____ Relation: _____

Address: _____ State: _____

City: _____ Zip: _____ Country: _____

Primary Phone: (____) _____ Secondary Phone: (____) _____

GUEST TYPE AND SKILL LEVEL

Please check your guest type for this program:

- Athlete Coach Official NGB Administrator
- Staff Trainer Intern Other: _____

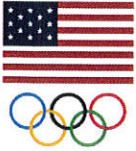
Athletes-Please check your skill level for this program:

- Olympic Caliber:** Athletes who have competed or will compete in the upcoming Olympic or Pan Am Games, or the NGB's World Championships
- National:** NGB National Senior Team member, or competition in a major international event within the last 12 months
- Junior National:** NGB National Junior Team member, or competition in a major international event within the last 12 months
- Development:** Highly skilled athletes showing strong potential for growth and improvement with the objective of obtaining a higher skill level

FOR OFFICE USE ONLY

Program Name: _____ Complete Paperwork: _____

Missing Information: Bio _____ Medical _____ Waiver _____ HIPAA _____



UNITED STATES
OLYMPIC COMMITTEE
1 Olympic Plaza
Colorado Springs, CO 80909

**UNITED STATES OLYMPIC COMMITTEE
CONSENT FOR RELEASE OF MEDICAL INFORMATION**

Athlete/Patient Name: _____

Gender: Male/Female

Last Four Digits of Social Security #: _____

Sport: _____

OTC Location: _____

Phone: _____

Email address: _____

Birthdate: ___/___/___

Under 18: Y/N

I hereby authorize my doctors and other providers (including, by way of example only, athletic trainers, sports dieticians, sports scientists and physical therapists) who may or may not be affiliated with the United States Olympic Committee (the "USOC") that provide treatment, performance, recovery, training or other services to me (collectively, "Providers") to use or disclose health information about me as described in this Authorization for Release of Information ("Authorization").

- The information that may be used or disclosed includes all health, performance, recovery, training and other information about me, including all information in my medical records and USOC files, that is relevant to my athletic participation in USOC-sponsored and affiliated programs and competitions.

To protect my privacy rights the following types of information will be disclosed only if I specifically authorize the release of information by checking and initialing the appropriate box below.

Drug/Alcohol Substance Abuse
Treatment Information _____ (initial)

Sexually Transmitted
Diseases/Communicable
Disease _____ (initial)

Psychiatric
Information _____ (initial)

Pregnancy/Family
Planning _____ (initial)

HIV/AIDS _____ (initial)

Genetic Test Records and/or other
Genetic Information _____ (initial)

- The Providers may disclose health information as described above to:
 - USOC employees, staff, contractors and agents
 - My National Governing Body ("NGB")
 - My Coaching Staff
- The USOC may use and disclose my health information for the following purpose(s):
 - For the USOC's medical and recovery clinic(s) to develop and implement treatment plans for me.
 - To consult with other providers, including medical specialists, regarding my care.
 - To consult with medical and non-medical high performance and sport science personnel at the USOC and at my NGB to create, develop and manage performance related support for my training, including, without limitation, medical and non-medical services such as nutrition plans, recovery plans, training plans and similar plans.

- To notify the US Anti-Doping Agency in the event the USOC receives or otherwise becomes aware of any abnormal health, medical or laboratory results which the USOC suspects, in good faith, may be indicative of doping.

My NGB and Coaching Staff may use and disclose my health information for the following purposes(s):

- To assess my eligibility for competition and to help make return-to-play decisions.
- To plan for my continued sports medicine medical care.
- To consult with medical and non-medical high performance and sport science personnel at the USOC and at my NGB to create, develop and manage performance related support for my training, including, without limitation, medical and non-medical services such as nutrition plans, recovery plans, training plans and similar plans.
- To notify the US Anti-Doping Agency in the event the NGB and Coaching Staff receives or otherwise becomes aware of any abnormal health, medical or laboratory results which the NGB or the Coaching Staff suspects, in good faith, may be indicative of doping.

Important Information About My Rights

I have read and understand the following statements about my rights:

- I may revoke this Authorization at any time by notifying the USOC in writing by notifying the USOC Managing Director of Sports Medicine at 1 Olympic Plaza, Colorado Springs, CO 80909, Fax: 719-632-9282, but if I revoke this Authorization I will not be eligible to continue to receive the USOC's High Performance Support Services. Also, even if I revoke this Authorization, the revocation will not have any effect on any actions the Providers or authorized recipients may have taken in reliance on this Authorization prior to receipt of the revocation.
- I may see and copy the information described on this form if I ask for it. I am also entitled to a signed copy of this Authorization.
- I am not required to sign this Authorization to receive health care benefits (enrollment, treatment, payment, or eligibility for benefits) to which I am otherwise entitled from my Providers or health plans, but if I do not, I will not be eligible to receive the USOC's High Performance Support Services.
- The information that is disclosed pursuant to this Authorization may be redisclosed by the authorized recipients of the information and may no longer be protected by federal or state law.
- This authorization will expire 1 year from the date set forth below.

I have read this Authorization, fully understand its terms, and sign it freely and voluntarily without any inducement. I understand that this release will become a permanent part of my medical record.

Athlete/Patient Signature: _____

Date: _____

Athlete/Patient Name (printed)

FOR ALL ATHLETES/PATIENTS OF MINORITY AGE OR WHO HAVE PERSONAL REPRESENTATIVES

This is to certify that I/we as parent(s)/guardian(s)/personal representative(s) under applicable law, with legal responsibility and authority for this patient, do consent and agree to this Authorization.

Parent/Legal Guardian/Personal Representative Signature: _____

Date: _____

Parent/ Legal Guardian/Personal Representative Name (printed): _____

Relationship to Athlete/Patient: _____

UNITED STATES OLYMPIC COMMITTEE'S
WAIVER AND RELEASE OF LIABILITY

NOTE: THIS FORM MUST BE READ AND SIGNED UNALTERED BEFORE THE PARTICIPANT IS PERMITTED TO TAKE PART IN CERTAIN ACTIVITIES AT UNITED STATES OLYMPIC COMMITTEE'S TRAINING CENTERS. BY SIGNING THIS WAIVER AND RELEASE OF LIABILITY, THE PARTICIPANT AFFIRMS HAVING READ AND UNDERSTOOD IT AND IS IN AGREEMENT WITH ITS CONTENTS.

IN CONSIDERATION for the **United States Olympic Committee** ("USOC") permitting me to participate in any and all activities, including, but not limited to, _____ [Fill in the sport or activity], and further including transportation, housing and meals, as applicable (collectively, the "Activity") on, at or organized by the Olympic Training Center in Colorado Springs, Colorado, Chula Vista, California, or Lake Placid, New York (each an "OTC" and collectively, the "USOTC"), I, for myself, my personal representatives, assigns, heirs, and next of kin acknowledge, agree, and understand the following:

(1) (a) I am over the age of 18 and/or have parental consent to participate in the Activity (for the avoidance of doubt, persons under the age of 18 are NOT allowed to participate in the Activity without parental consent evidenced below); (b) I am in good health and have a level of fitness and readiness that will permit my performance in the Activity ; (c) I understand and request that I be allowed to participate in certain physical, nutritional, and performance activities, as applicable, that are part of the Activity; and that (d) I am qualified and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity;

(2) (a) I have consulted with and obtained the authorization of my primary care physician ("Physician"), in order to allow me to participate in the physical and emotional aspects of the Activity; (b) I will share any results of the Activities with my Physician; and (c) I will follow the advice of said Physician in connection therewith;

(3) I FULLY UNDERSTAND that: (a) THE ACTIVITY MAY INVOLVE INHERENT AND OTHER RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, the equipment used for the Activity, the facilities in which the Activity takes place, and/or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either known or not known to me or not readily foreseeable at this time but that may arise in connection with my participation in the Activity; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS; FOR ANY LIABILITIES, LOSSES, COSTS AND/OR DAMAGES I incur as a result of my participation in the Activity;

(4) I willingly agree to comply with the stated and customary terms and conditions for participation, if, however, I observe any unusual or unnecessary hazard during my presence or participation, I will take reasonable steps to avoid any hazard and immediately bring such to the attention of the nearest official.

(5) I consent to abide by the rules of the Activity and conduct for guests of the OTC as applicable to the Activity and understand that violations will result in full or partial forfeitures of the Activity.

(6) I, FOR MYSELF, AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES, and NEXT OF KIN, HEREBY RELEASE, HOLD HARMLESS, PROMISE NOT TO SUE, AND WAIVE ALL CLAIMS RELATING TO THE UNITED STATES OLYMPIC COMMITTEE, OR OTHER SPONSORING ORGANIZATION (IF ANY), THEIR OFFICERS, COACHES, VOLUNTEERS, STAFF, SPONSORS, AND/OR AGENTS, ("RELEASEES") WITH RESPECT TO ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES CAUSED IN WHOLE OR IN PART BY MY PARTICIPATION IN THE ACTIVITY FROM WHATEVER CAUSE, INCLUDING, WITHOUT LIMITATION, THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, EXCEPT AS THE RESULT OF GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT.

(7) This Waiver and Release of Liability shall remain valid for the entire Activity and for the full calendar year in which it is signed or until it is expressly revoked by written notice from me to the USOC, whichever occurs first; provided however, that any such revocation shall not in any manner affect the waiver and release of liability given hereunder for any acts or occurrences prior to receipt of said written notice by the USOC or prior to termination of my participation in the Activity.

(8) I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the RELEASEES, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

(9) This Release and Waiver of Liability shall be governed by the laws of the State of Colorado and shall be binding on the parties hereto and their heirs, personal representatives, successors and assigns. Venue for any action shall be Colorado Springs, Colorado.

(10) This Release and Waiver of Liability constitutes the entire agreement between the parties hereto with regard to the subject matter herein and supersedes and replaces any prior agreements, oral or otherwise, between the parties hereto. No change or modification of this Release and Waiver of Liability shall be valid unless the same is in writing and signed by the both parties.

I have read this Waiver and Release of Liability, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant's Signature _____

Participant's Name (Please print) _____ Date _____

FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I as parent(s)/guardian(s) with legal responsibility for this Participant, do consent and agree not only to my minor child's release, but also for myself/ourselves, and my/our heirs, assigns and next of kin to release and indemnify the Releasees from any and all Liability incident to my minor child's involvement as stated above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Legal Guardian Signature _____

Parent/Legal Guardian Name (Please print) _____ Date _____

Relationship to Participant _____

CONSENT FOR PROVISION OF MEDICAL TREATMENT

This consent (the "Consent") pertains to the provision of medical services, psychological or psychiatric care and treatment and emergency medical services, conducted at the United States Olympic Training Centers and USOC events.

In the event that medical services are necessary, I hereby authorize the USOC or the their respective personnel to act to address such needs without first obtaining my prior consent or the consent of the Participant's next of kin or any other individual.

This Consent shall remain valid for the entire Activity and for the full calendar year in which it is signed or until it is expressly revoked by written notice from me to the USOC, whichever occurs first; provided however, that any such revocation shall not in any manner affect the consent given hereunder for any acts or occurrences prior to receipt of said written notice by the USOC or prior to termination of the Activity.

I have read this Consent and fully understand, consent and agree to its terms,

Participant's Signature _____

Participant's Name (Please print) _____ Date _____

FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I/we as parent(s)/guardian(s) with legal responsibility for the Participant do consent and agree to the above written Consent.

Parent/Legal Guardian Signature _____

Parent/Legal Guardian Name (Please print) _____ Date _____

Relationship to Participant _____

ANTI – DOPING FOR ATHLETE PARTICIPANTS

I shall comply with all anti-doping policies, procedures and protocols of the International Olympic Committee (IOC), my applicable International Federation (IF), World Anti-Doping Agency (WADA), United States Anti-Doping Agency (USADA) and United States Olympic Committee (USOC).

Participant's Signature _____

Participant's Name (Please print) _____ Date _____

FOR ATHLETE PARTICIPANTS OF MINORITY AGE (UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as the parent/guardian of this Participant, have explained to him/her the aforementioned stipulated conditions and have instructed him/her to abide by the Anti-doping provision.

Parent/Legal Guardian Signature _____

Parent/Legal Guardian Name (Please print) _____ Date _____

Relationship to Participant _____

OTC PARTICIPANT CODE OF CONDUCT

All Participants agree to abide by the below described code of conduct for athletes, coaches, and guests of the USOTC, as applicable and understand that violations may result in forfeiture of privileges or other disciplinary proceedings.

1. The transportation, possession or unauthorized use of alcoholic beverages, illegal drugs, drug paraphernalia, or IOC-banned substances on the premises is prohibited.
2. Tobacco in any form is not permitted at the OTC.
3. Participants must keep their ID card on them at all time, and may not allow another to use Participant's ID card at any time. This includes passing ID cards to allow another access the dining hall.
4. The OTC is not responsible for loss or damage of personal property owned by athletes, coaches, guests or residents on site. USOC Risk Management recommends the purchase of tenant insurance by individuals residing on site.
5. Animals are strictly prohibited at the OTC, including the dorms, with the exception of service animals. Service animals must check in with the front desk staff of the OTC for proper registration of the animal.
6. Tactical sports equipment (e.g. firearms, ammunition, archery arrows, and bows) must be reported to front desk staff upon check-in so that it may be stored in the appropriate location as determined by the OTC. Oversized sports equipment should not be stored in the dormitory.
7. For those Participants visiting the OTC, visitors are prohibited in the dormitory areas or on the premises between 12:00 AM and 7:00 AM daily (Colorado Springs), 11:00 pm – 7:00 am (Chula Vista and Lake Placid).
8. For those Participants visiting the OTC, OTC quiet hours are from 10:00 PM – 7:00 AM daily.
9. For those Participants staying and/or living at the OTC, any physical damage to a facility or loss of items from a dormitory room (e.g., blankets, lamps, etc.) will be paid for by those individuals assigned to the room in which the damage or loss occurs.

10. For those Participants staying and/or living at the OTC, candles, incense, or any other type of open flame items and appliances are prohibited in the dormitories.
11. For those Participants staying and/or living at the OTC, space heaters, electric frying pans, toaster ovens, microwaves, hot plates, coffee pots, or any appliance or equipment rated above 6 amps and/or 750 watts are strictly prohibited in the dormitories. If Participant needs additional outlets, a multiple outlet strip is required. Extension cords and plug-in adapters are not acceptable.
12. For those Participants staying and/or living at the OTC, the dormitory hallways must remain clear of debris at all times. No one may store bicycles, furniture or other items in the hallways. If Participant requires bicycle storage, or need an item of furniture removed, please contact the front desk staff at x4444 (Colorado Springs), x#9009 (Chula Vista), or x2600 (Lake Placid).
13. For those Participants staying and/or living at the OTC, checkout from the dorms on day of departure is 9:00am. All belongings must be removed from Participant's room prior to 9:00am, but Participant is allowed to keep Participant's access card until after breakfast/lunch, as applicable. If Participant has an afternoon flight, Participant may store Participant's belongings in the luggage room, across from the registration desk in the athlete center in Colorado Springs or in the ACI in Chula Vista. Check with the front desk staff for access. Additional charges will be assessed if Participant does not vacate Participant's room at the time set forth above.
14. If Participant would like to keep Participant's ID as a souvenir upon departure, Participant may do so. However, Participant must scan Participant's ID at the front desk before leaving the OTC in order to properly checkout of Participant's Activity.
15. Participant should direct any questions regarding this Code of Conduct to the front desk staff.

I have read this Code of Conduct and fully understand, consent and agree to its terms,

Participant's Signature _____

Participant's Name (Please print) _____ Date _____

FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I/we as parent(s)/guardian(s) with legal responsibility for this Participant do consent and agree to the aforementioned stipulated conditions and their ramifications.

Parent/Legal Guardian Signature _____

Parent/Legal Guardian Name (Please print) _____ Date _____

Relationship to Participant _____



UNITED STATES
OLYMPIC COMMITTEE
1 Olympic Plaza
Colorado Springs, CO 80909

**UNITED STATES OLYMPIC COMMITTEE
GENERAL HEALTH HISTORY FORM**

Athlete/Participant Name: _____

Gender: Male Female

Last Four Digits of Social Security #: _____

Sport/NGB: _____ OTC Location: _____

Phone: _____ Email Address: _____

Birthdate: ____/____/____

Under 18: Yes No

Allergies: _____

Current Medications and Dosages: _____

Herb and Nutritional Supplements: _____

Significant Past/Current Medical History/Surgeries: _____

EMERGENCY CONTACT INFORMATION (Required)

Name: _____ Relation: _____

Primary Phone: (____) _____ Secondary Phone: (____) _____