



**USOC/NGB DIGNITARY  
GAMES FORMS  
Part I - Introduction  
2008 Olympic Games  
United States Olympic Committee**

There are four Parts to the Games Forms. They are:

- Part I - Introduction
- Part II - General Release
- Part III - Attachment A
- Part IV - Signature Page

Please read each Part thoroughly.

Part III of the Games Forms consists of an Attachment which must be filled out. It is:

1. Attachment A (to the General Release), which requests that you list all medical health insurance and beneficiary information.

You must do the following:

1. Write your name on Attachment A. Complete the medical health information and beneficiary information.
2. Sign the signature page affirming that you have read and agree to the terms mentioned in each Part of these Games Forms.
3. Return the completed Attachment A and the Signature page to the USOC International Games Division.

Thank you.

**USOC/NGB DIGNITARY  
GAMES FORMS  
Part II - General Release  
2008 Olympic Games  
United States Olympic Committee**

**This form must be executed without alteration in order for an individual to be eligible to participate at the 2008 Olympic Games.**

**AUTHORIZATION FOR SERVICES**

I hereby give consent for the United States Olympic Committee (USOC) to provide me with medical care and treatment and emergency medical services associated with participation in the 2008 Olympic Games. Additionally, I hereby agree if I elect to obtain any of these services or treatments from any sources other than those provided, or approved by the USOC, I shall accept full and complete responsibility, including any financial obligations.

I further authorize the release of any medical information necessary to process a claim for accident/medical payment insurance for an injury or illness incurred while I am participating as a member of the USOC Official Delegation at the 2008 Olympic Games.

**DELEGATION INSURANCE**

The USOC maintains an accident medical policy including coverage for Accidental Death and Dismemberment for all registered athlete and certified members of the United States delegation (e.g. coaches and team leaders). All benefits are payable on an EXCESS BASIS. This means any other insurance – your personal policy, an employer policy, a parent’s policy, etc. – under which you are named must pay or deny payment on each bill before the USOC insurance will consider payment. The maximum benefit amount is \$25,000, with sub limits of \$2,500 for physiotherapy and \$1,000 for chiropractic services. The policy also has a \$250 per incident deductible.

Coverage commences at the time the person leaves his/her residence, place of employment, training site, or such similar location, whichever occurs last, for the immediate purpose of joining the Delegation. Coverage continues until such time as an individual returns to his/her residence, place of employment, training site, or such similar location, provided that the individual proceeds directly from the Game site to such destination. Otherwise, coverage is terminated once an individual’s responsibilities at the Games are concluded.

Benefits in the event of death will be paid to the insured person's estate, unless the below beneficiary information designating a beneficiary and his/her relationship to the insured person is filed with the USOC. Information concerning insurance coverage and beneficiary designation must be provided on Attachment A.

<b>MEDIA RELEASE AND LICENSE</b>
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I hereby agree to be filmed, videotaped and photographed, and to have my image and voice otherwise recorded, in any media, during the Games by the USOC, by the USOC's official photographer(s), film crew(s) and video crew(s), and by any other entity authorized by the USOC, under the conditions specified by the USOC, the International Olympic Committee (IOC), or the Organizing Committee for the XXIX Olympic Games Beijing 2008 (BOCOG).

I hereby grant the USOC the irrevocable, perpetual, fully paid-up, worldwide right and license to use, and to authorize third parties to use, in all media, my name, picture, likeness, voice and biographical information for: (1) news and information purposes, (2) promotion of the Games and the specific competition(s) in which I compete, (3) promotion of the Team, and (4) promotion of the USOC and the Olympic Movement in the United States, whether commercial or noncommercial; provided that, in no event may the USOC use or authorize the use of my name, picture, likeness, voice and biographical information in any manner that would employ my endorsement of any company, product, or service, without my written permission.

<b>WAIVER AND RELEASE</b>
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**Note: This form must be read and signed in unaltered form before the participant is allowed to take part in any travel, training, competition, meeting or testing sessions as a member of the Delegation. By signing this form, the participant affirms having read and understood it.**

In consideration of my involvement at the 2008 Olympic Games under the auspices of the United States Olympic Committee acknowledge, appreciate and agree that:

I risk bodily injury, including paralysis, dismemberment, disability and death, and while particular rules of the sport, equipment, and discipline may reduce this risk, this risk of injury does exist, as well as the risk of damage to or loss of property;

I knowingly and freely assume all such risk, both known and unknown, even if arising from the negligence of the releasees or others;

I willingly agree to comply with the stated and customary terms and conditions for participation;

I, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, hold harmless and promise not to sue the USOC or my National Governing Body (NGB) and their respective sponsors, officers, volunteers, staff, and/or agents (all referred to as "releasees"), with respect to any and all such injury and loss arising from my participation, whether caused by the negligence of the releasees or otherwise, except that which is the result of gross negligence or willful misconduct of the releasees, to the fullest extent permitted by law.

**USOC/NGB DIGNITARY  
GAMES FORMS  
Part III - Attachments  
Attachment A - General Release  
2008 Olympic Games  
United States Olympic Committee**

Name: \_\_\_\_\_

**PARTICIPANT'S MEDICAL/HEALTH INSURANCE:**

None    Personal    Parent or Spouse    Employment

\_\_\_\_\_  
Insurance Company Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Policy Holder's Name

\_\_\_\_\_  
Social Security Number

**PARTICIPANT'S BENEFICIARY:**

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

(\_\_\_\_) \_\_\_\_\_  
Home Phone

(\_\_\_\_) \_\_\_\_\_  
Business Phone

**USOC/NGB DIGNITARY  
GAMES FORMS  
Part IV - Signature Page  
2008 Olympic Games  
United States Olympic Committee**

**I have read the General Release. I agree to the rules, guidelines, jurisdiction and procedures stated in these documents, and fully understand and accept my responsibilities as a participant in the 2008 Olympic Games.**

Participant's Signature \_\_\_\_\_ Sport or Affiliation \_\_\_\_\_

Participant's Name (Printed) \_\_\_\_\_ Date of Signature \_\_\_\_\_

**PARTICIPANTS OF MINORITY AGE  
(Participants Under the Age of 18 as of Date of Signature)**

Parent/Guardian's Signature \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Parent/Guardian's Name (Printed) \_\_\_\_\_ Date of Signature \_\_\_\_\_

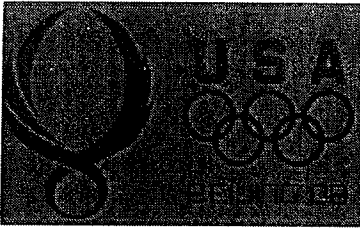
**PARENT/GUARDIAN CERTIFICATION  
(For Participants Under the Age of 18 as of Date of Signature)**

This is to certify that I, as parent/guardian of \_\_\_\_\_, participating at the 2008 Olympic Games, give my consent to the United States Olympic Committee and its medical representatives to obtain medical care from a licensed physician, hospital or clinic for the above mentioned athlete for injury or illness that could arise during activities at the 2008 Olympic Games.

Parent/Guardian's Signature \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

I further authorize the release of any medical information necessary to process a claim for accident/medical payment insurance for an illness or injury incurred while my son/daughter/ward is participating as a member of the USOC Official Delegation for the 2008 Olympic Games.

Parent/Guardian's Signature \_\_\_\_\_ Relationship to Participant \_\_\_\_\_



United States Olympic Committee  
2008 Olympic Games  
Registration Form

Items in **bold** are required.

**GENERAL INFORMATION**

**Legal Name (as it appears on your passport)**

**First Name:**

Middle Name:

**Last Name:**

**Preferred/Badge Name**

**First Name:**

**Last Name:**

Previous Legal Last Names (if applicable):

**Last 4 Digits of Social Security Number:**

**Birth Date:**

(year must be 4 digits)

**Gender:**

 M  F

**Permanent Address (Street Address, no PO Boxes)**

**Line 1:**

Line 2:

**City (or City & Province):**

**State (USA only):**

**ZIP/Postal Code:**

**Country:**

**Current Address (Street Address, no PO Boxes)**

Same as Permanent Address:

**Line 1:**

Line 2:

**City (or City & Province):**

**State (USA Only):**

**ZIP/Postal Code:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Daytime Phone (xxx-xxx-xxxx):** U.S. [ ] and/or

**Cell Phone (xxx-xxx-xxxx):** U.S. [ ]

**Fax Number (xxx-xxx-xxxx):** U.S. [ ]

**Email Address:** \_\_\_\_\_

**Place of Birth**

**City/Region:** \_\_\_\_\_

**State (USA Only):** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Passport Number:** \_\_\_\_\_

**Country of Passport Issue:** \_\_\_\_\_

**Passport Issue Site:** \_\_\_\_\_

**Passport Issue Date:** [ ] [ ] [ ] [ ] (year must be 4 digit)

**Passport Expiration Date:** [ ] [ ] [ ] [ ] (year must be 4 digit)

**US Citizen:**  Yes  No

**United Mileage Plus #:** \_\_\_\_\_

**Sport/Affiliation:** \_\_\_\_\_

**Discipline (if applicable):** \_\_\_\_\_

**Team Gender:**  Men  Women  N/A

**PARTICIPANT TYPE**

- Select a group: \***
- Athlete
  - Coach
  - USOC Employee
  - NGB Games Staff and/or NGB Employee
  - Chef de Mission / USOC Board of Directors & Guest / NGB Executive Staff or NGB Horse Owners
  - Non USOC Employee / Non NGB Employee

**SIZING INFORMATION**

**Height :**

ft  in

**Weight (lbs):**

**Neck (in):**

**Chest/Bust (in):**

**Sleeve Length (in):**

(middle back of neck to wrist)

**Waist (in):**

**Inseam (in):**

(inside highest point of leg to just below ankle)

**Hip (in):**

**Shoe Size (US) and Gender:**

(include width, ie AA, EEEE, etc, with size)

**Hat Size (in):**

(measure one inch above your eyebrows)

**DRESS ITEMS** (please list your usual sizes for apparel items listed below)

Please select a gender above

**LEISURE/SPORT ITEMS** (please indicate sizes and styles for items listed below)

Please select a gender above

**IN CASE OF EMERGENCY**

**Contact Name:**

**Relationship to Participant:**

**Contact Number (xxx-xxx-xxxx):**

U.S.