

## Class A Certification Process

Please follow the instructions below to complete your Class A certification process. If you have any questions throughout the process, please contact Emily Bridgman at [ebridgman@specialolympicsva.org](mailto:ebridgman@specialolympicsva.org).

### 1. Class A and COVID Waiver forms

Please complete *either* the [Adult 18+ Class A Volunteer form](#) or the [Minor Class A Volunteer form](#) **AND** the COVID Waiver Form (2nd Page of this document) and email the package to this email it to [volunteerforms@novasova.org](mailto:volunteerforms@novasova.org)

### 2. Protective Behaviors Training

Please register on [the SO Learning Portal](#) and complete the Protective Behaviors training. No need to submit anything to us after your completion.

### 3. Concussion Awareness Training \***ONLY NECESSARY FOR COACHES**

Please register on [the SO Learning Portal](#) and complete the Concussion Awareness Training. No need to submit anything to us after completion.

### 4. Background Check

Visit [Sterling Volunteers](#) to get started. After you register, it will ask you for a code (**un9a213**), which tells them that your check is being run for Special Olympics Virginia, and invoices us for your background check. *\*It also provides you with an opportunity to make a donation to cover the cost of your background check if you'd like.*

Once your background check results are complete, you will receive an email confirmation from Sterling Volunteers with your results. If further action is needed, they will notify us and we will be in contact with you.

*Sterling Volunteers Technical Support*

*855-326-1860 option 3*

[theadvocates@sterlingvolunteers.com](mailto:theadvocates@sterlingvolunteers.com)

### 5. Get Involved

Find out [what's happening in your community](#) and reach out to your Area Coordinator for more information.

**WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION  
AGREEMENT FOR COMMUNICABLE DISEASES  
SPECIAL OLYMPICS VIRGINIA**

In consideration of being allowed to participate in any way in Special Olympics sports training, competition or fundraising activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious and/or communicable diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Special Olympics, Inc, Special Olympics Virginia their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of Participant: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

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

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_