

## Declaration of consent under data protection law for participation in the health program Healthy ATHLETES<sup>®</sup>

17. June 2023 - 24. June 2023

(Last name, first name of the participant)

(Date of birth)

(street)

(postal code, city, state, country)

(Institution/ Establishment / SO Delegation)

The Special Olympics World Games Berlin 2023 Organizing Committee gGmbH (LOC) offers registered participants (SO athletes, people with intellectual disabilities) with the health program free consultations and examinations in the following disciplines:

- Fit Feet       FUNfitness       Health Promotion-  
 Healthy Hearing     Opening Eyes       Special Smiles       Strong Minds

These services include individual orientation examinations and consultations, as well as recommendations for further treatment. The health data collected in the above categories is processed for the purpose of informing the participants about their state of health. The participants receive written information afterwards about which further treatment, if necessary, they should undergo. In addition, the health data are recorded in a Healthy Athletes database in compliance with data protection regulations and evaluated anonymously for scientific purposes. The results will be used to support health policy demands to improve health care for people with intellectual disabilities. The data will be used only by SO or the appropriate SO state associations and will not be shared with third parties for other purposes.

**By signing below, I agree to participate in the Special Olympics Healthy Athletes program and consent to the processing of my personal information, including my health information.**

I understand that participation in the Healthy Athletes program is voluntary for me and that I may opt out of the program at any time. The offer of these health checks is not intended to replace regular health care. I understand that everyone should pursue their own independent health care and that Special Olympics, by providing the health services in the Healthy Athletes program, is not responsible for the health of participants.

I understand and consent that information collected about me during Healthy Athletes will be analyzed anonymously for the purpose of improving health care for Special Olympics athletes and people with intellectual disabilities in general. Consent is voluntary.

I can revoke my consent at any time with the person in charge Isabell Harbrecht (LOC). For this purpose, I send an e-mail to [isabell.harbrecht@berlin2023.org](mailto:isabell.harbrecht@berlin2023.org). For legal reasons, this signed form must be kept at the registering institution for possible queries.

For further information on the handling of my data, please refer to the **Healthy Athletes Privacy Policy [LINK]**.

Participants (if 18 years old and legally competent)

Place, date

Parents/legal guardians (if participant is under 18 years old or not legally competent)

Place, date

**I hereby confirm that the participant has understood the contents of the declaration of consent.**

Legal guardian

institution/ school/ sheltered workshop

Place, date

\* Information about the offers:

<https://www.berlin2023.org/de/engagement/healthy-athletes>

# The Special Olympics Health Program

## Participation information in plain language

Special Olympics wants,  
all people with intellectual disabilities to take care of their health.  
Anyone who wants to can be examined free of charge:  
At sporting events, in residential facilities or workshops.

During the examinations, we record data about the health  
of the participants.

The data is written down without a name.

With the data we want to improve health care.

### **Important:**

Go for regular health screenings.

The health program does not replace a visit to the doctor.

The health program is only an additional offer.

With my signature you confirm:

- I would like to participate in the Health Program.
- I know that I can choose the offers.
- I know that I can terminate my participation.
- I know that my data will be written down without my name.
- I can withdraw my consent at any time.

The form is at your residential facility or workshop.

### **Signature**

**You are older than 18 and do not have a guardian.**

Then sign on the front page above the word Participant.

**You are under 18 years old:**

Then both parents sign on the front page.

**You have a health care guardian:**

Then your caregiver signs on the front page.