



Special Provisions Regarding Medical Treatment

To Be Completed By Adult Athlete

On the attached Special Olympics Release Form, I, _____ (name), have crossed out and rejected the provision that authorizes Special Olympics to make arrangements for emergency medical treatment for me if I am injured during my participation in Special Olympics and am unable to consent to that treatment myself. I am refusing to give this permission based on my religious belief. However, I do agree to and confirm the following:

1. agree to carry with me, at all times during my participation in any Special Olympics training or competition events, a printed card or paper that states my religious objection, so that in case I get sick or injured and cannot speak for myself Special Olympics will be able to read this card and learn of my religious objection to medical treatment.
2. I also agree to make arrangements for an adult friend or member of my family to be present with me on site at all times during my participation in Special Olympics activities, so that this person can take personal responsibility for me if a medical emergency arises and I am unable to speak for myself. I understand that if this friend or family member is not present. I will not be permitted to participate in that event, and that no exceptions will be made.
3. I also agree to release Special Olympics and their employees and volunteers from any and all claims, demands or liabilities of any kind that may arise out of Special Olympics' failure to take measures to provide me with emergency medical treatment during Special Olympics events and activities. I am agreeing to this release because I have refused, knowingly and voluntarily, to give Special Olympics permission to take such emergency measure, and I am expressly directing Special Olympics not to do so, on religious grounds.

I have read this release. I fully understand what it says, and I agree to it.

Signature of Adult Athlete: _____ Date: _____

Signature of Adult Family Member/Friend: _____ Date: _____

To Be Completed By Parent/Guardian/Conservator of Athlete

On the attached Special Olympics Release Form, I have crossed out and rejected, on behalf of _____ (athlete's name), the provision that authorizes Special Olympics to make arrangements for emergency medical treatment for the athlete, if the athlete is injured and I am unable to consent to that treatment. I am withholding this permission, on behalf of the athlete, on religious grounds. However, on behalf of myself and the athlete named in this application, I do agree to and confirm the following:

1. I agree to be present with the athlete at all times at the sites of any Special Olympics training or competition events in which the athlete will participate, so that I can be readily available to take personal responsibility for the athlete if a medical emergency arises. I understand that if I am not present, the athlete will not be permitted to participate in that event, and no exceptions will be made.
2. I also agree, on behalf of myself and the athlete, to release Special Olympics, their agents, employees, and volunteers from any and all claims, demands or liabilities of any kind that may arise out of Special Olympics failure to take measures to provide the athlete with medical treatment during Special Olympics' events and activities. I am agreeing to this release because I have refused, knowingly and voluntarily, to give Special Olympics permission to take such emergency measures and I am expressly directing Special Olympics not to do so on religious grounds.

Signature of Parent/Guardian: _____ Date: _____