

**RELIGIOUS OBJECTIONS FORM**  
**SPECIAL PROVISIONS REGARDING MEDICAL TREATMENT**  
**FOR UNIFIED PARTNERS HAVING RELIGIOUS OBJECTIONS TO STANDARD FORM**

**Form U2**



**TO UNIFIED PARTNERS AND THEIR PARENTS**

Special Olympics respects the religious beliefs of all its Unified Partners. Our standard application form normally requires each Unified Partner (or his/her parent, if the Unified Partner is a minor) to give Special Olympics permission to arrange for emergency medical treatment, including hospitalization, for any Unified Partner if a medical emergency arises during his/her participation in Special Olympics under circumstances in which neither the Unified Partner nor his/ her parents is available to consent to that emergency treatment. If you have religious objections to approving that provision, please cross it out and initial it on the application form, and submit the application along with this page, after reading and signing it below.

**TO BE COMPLETED BY PARENT OF MINOR UNIFIED PARTNER**

On the attached official Special Olympics Release form, I have crossed out and rejected, on behalf of \_\_\_\_\_ (name of Unified Partner), the provision that authorizes Special Olympics to make arrangements for emergency medical treatment for the Unified Partner if the Unified Partner is injured and his/her parent are unable to consent to that treatment. I am withholding this permission on behalf of the Unified Partner on religious grounds. However, on behalf of myself and the Unified Partner named in this

Application, I do agree to and confirm the following:

1. I agree to be present with the Unified Partner at all times at the site of any Special Olympics training or competitive event in which the Unified Partner participates, including during travel to and from the training or competition, in the dormitories, meal time, and during competition, training and practice sessions, so that I can be readily available to take personal responsibility for the Unified Partner if a medical emergency arises. I understand that if I am not present at all times, the Unified Partner will not be permitted to participate in that event, and that no exception will be made.
2. I also agree on behalf of myself and the Unified Partner to release Special Olympics and its 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 Unified Partner 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 measures, and I am expressly directly Special Olympics not to do so on religious grounds.

\_\_\_\_\_  
Signature of Parent/Guardian Date

**TO BE COMPLETED BY ADULT UNIFIED PARTNER**

On the attached official Special Olympics Release form, I, \_\_\_\_\_, (name of Unified Partner), have crossed out and rejected the provision that authorizes Special Olympics to make arrangements of 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 beliefs; however, I do agree to and confirm the following:

1. I agree to carry with me, at all times during my participation in any Special Olympics training or competitive event, including during travel to and from the training or competition, in the accommodation, meal time, and during competition, training and practice sessions, a printed card or paper that describes my religious objections, so that in case I get sick or hurt and cannot speak for myself, Special Olympics will be able to read this card and learn of my religious objections 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, including during travel to and from the training or competition, in the accommodation, meal time, and during competition, training and practice sessions, 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 at all times, 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 its employees 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 measures, and I am expressly directly 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 Unified Partner Date

\_\_\_\_\_  
Signature of Adult Family Member/Friend Date