

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

Form A4



TO ATHLETES AND THEIR PARENTS

Special Olympics respects the religious beliefs of all its athletes. Our standard application form normally requires each athlete (or his/her parent, if the athlete is a minor) to give Special Olympics permission to arrange for emergency medical treatment, including hospitalization, for any athlete if a medical emergency arises during his/her participation in Special Olympics under circumstances in which neither the athlete 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 ATHLETE

On the attached official Special Olympics Release form, I have crossed out and rejected, on behalf of _____ (name of athlete), the provision that authorizes Special Olympics to make arrangements for emergency medical treatment for the athlete if the athlete is injured and his/her parent are 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 site of any Special Olympics training or competitive event in which the athlete 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 athlete if a medical emergency arises. I understand that if I am not present at all times, the athlete 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 athlete 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 athlete 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 ATHLETE

On the attached official Special Olympics Release form, I, _____, (name of athlete), 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 Athlete Date

Signature of Adult Family Member/Friend Date