

ATTACHMENT H

**SPECIAL PROVISIONS REGARDING MEDICAL TREATMENT**

(For Athletes Having Religious Objections to Standard Form)

**TO ATHLETES AND THEIR PARENTS**

Special Olympics respects the religious beliefs of all of its athletes. Our Official Special Olympics Release form normally requires each athlete (or his or 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 or her participation in Special Olympics, under circumstances in which neither the athlete nor his or her parent 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 Official Special Olympics Release Form, and submit the release 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 or her parent is 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 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 that no exceptions will be made.
2. I also agree on behalf of myself and the athlete, 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 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 directing 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 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 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 competition events, a printed card or paper that describes my religious objection, 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 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 measures, 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