



Special Olympics Kansas Young Athletes™ Religious Objections Form

SPECIAL PROVISIONS REGARDING MEDICAL TREATMENT FOR ATHLETES OR PARENTS HAVING RELIGIOUS OBJECTIONS TO THE STANDARD RELEASE FORM 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 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 are available to give consent for treatment. If you have religious objections to approving that provision, please cross out and initial it on the release 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 parents 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 on this release form, 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 parent participates, including during travel to and from the training or competition, in the dormitories, meal times, 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 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 directing Special Olympics not to do so on religious grounds.

Signature of Parent/Guardian

Date

Please complete and return to:
Special Olympics Kansas
Attn: Terri Price
5280 Foxridge Drive, Mission, KS 66202