





**Program Information (Completed by Office Staff)**

**Special Olympics Program (Please specify) :** \_\_\_\_\_

(Country or State)

**Site or Sub-Program (if applicable):**

(A site is defined as the specific location of the Young Athletes Activities. Enter the name of the town/city where this child will participate in Young Athletes. \_\_\_\_\_

(City or Town)

**A program (country or state) may have multiple sites. Site is defined as the specific location of the Young Athletes Activities. The Young Athlete site this child will attend is (Select one of the following.)**

- A group site (attended by multiple families at a school, center, etc.)
- At home (implemented by you or a family member at home)

**Date this form was completed:**

**Month** \_\_\_\_\_ **Day** \_\_\_\_\_ **Year** \_\_\_\_\_

**Date of Young Athletes Participant Release Form: Month** \_\_\_\_\_ **Day** \_\_\_\_\_ **Year** \_\_\_\_\_

(Enter date of submission of the completed Participant Release Form which contains a release to be signed by a parent/guardian of a minor participant, medical matters and permissions for publicity).

**Name of person completing this form:** \_\_\_\_\_



Please remember to sign and date the two attached pages.

## Young Athletes Release Form – SUMMARY

### 1) PARAGRAPH ONE:

▪ Athlete gives consent to participate in Special Olympics Parent or guardian of a minor athlete gives permission for said minor to participate in Special Olympics

### 2) PARAGRAPH TWO:

▪ Notification of the right to use athlete's likeness, voice or words for the purpose of Special Olympics publicity, and acknowledgement that data from the Pilot will be used for program evaluation and improvement

### 3) PARAGRAPH THREE:

▪ Authorization for Special Olympics to provide athlete with medical treatment in case of a medical emergency.

▪ Instructions for those with Religious Objections for emergency medical treatment:

Cross out Paragraph 5, initial the document and complete attached Religious Objections form on the back of this page

*ANY CHANGES OR ADDITIONS TO THE FORM BELOW MUST BE APPROVED BY Special Olympics*

## Young Athletes Release Form

### TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR ATHLETE

I am the parent/guardian of \_\_\_\_\_, the minor participant, on whose behalf I have submitted the attached application for participation in Special Olympics. The participant has my permission to participate in Special Olympics activities. I further represent and warrant that to the best of my knowledge and belief, the participant is physically and mentally able to participate in Special Olympics.

In permitting the participant to participate, I am specifically granting my permission, forever, to Special Olympics to use the participant's likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, internet and in any form, for the purpose of publicizing, promoting or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities. I also understand that group data collected from the Young Athletes Pilot Program will be used to plan, evaluate, and improve the program.

If a medical emergency should arise during the participant's participation in any Special Olympics activities, at a time when I am not personally present so as to be consulted regarding the participant's care, I hereby authorize Special Olympics, on my behalf, to take whatever measures are necessary to ensure that the participant is provided with any emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the participant's health and well-being. **(IF YOU HAVE RELIGIOUS OBJECTIONS TO RECEIVING SUCH MEDICAL TREATMENT, PLEASE CROSS OUT THIS PARAGRAPH, INITIAL IT AND SIGN AND ATTACH THE SPECIAL PROVISIONS REGARDING MEDICAL TREATMENT FORM)**

I am the parent (guardian) of the participant named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the participant. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the participant named above. I hereby give my permission for the participant named above to participate in Special Olympics games, recreation programs, and physical activity programs.

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

\_\_\_\_\_  
Date



## RELIGIOUS OBJECTIONS FORM

### 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 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

**PLEASE MAIL THIS FORM TO:**

**SPECIAL OLYMPICS IDAHO**  
**ATTN: YOUNG ATHLETES**  
**405 S. 8TH ST., STE. 201**  
**BOISE, ID 83702**

**OR FAX TO: 208-323-0486**