



### **EMERGENCY MEDICAL CARE REFUSAL FORM**

**Instructions:** Only complete this Emergency Medical Refusal Form (this "Form") if you do not consent to emergency medical care on religious or other grounds and have marked a box under the Emergency Care provision on the Special Olympics Athlete Registration Form ("Athlete Registration Form").

I am a Special Olympics Athlete with the capacity to sign legal documents on my own behalf and agree to the following; or I am the Parent/Guardian of the Athlete named below who is a minor or lacks the capacity to sign legal documents and agree to the following on their behalf.

1. **No Consent to Emergency Medical Care.** I understand that the Athlete Registration form requires Athletes or their Parents/Guardians to consent to emergency medical care for an Athlete if needed in an emergency. Based on my religious beliefs and/or other reasons **I DO NOT CONSENT** to emergency medical care in an emergency.

**YOU MUST MARK THE BOX AND WRITE YOUR INITIALS NEXT TO ONE STATEMENT TO CONFIRM YOUR INTENT TO NOT CONSENT TO EMERGENCY MEDICAL CARE:**

- ☐ I DO NOT CONSENT TO ANY KIND OF EMERGENCY MEDICAL CARE, EVEN IN A LIFE-THREATENING EMERGENCY. **INITIALS:** \_\_\_\_\_
- ☐ I DO NOT CONSENT TO BLOOD TRANSFUSIONS, EVEN IN A LIFE-THREATENING EMERGENCY. I CONSENT TO ALL OTHER KINDS OF EMERGENCY MEDICAL CARE. **INITIALS:** \_\_\_\_\_

2. **Assumption of Risk; Waiver and Release of Liability; Indemnification.** I understand the risks involved with participating in Special Olympics activities and fully accept and assume all risks and all responsibility for losses, costs, and damages I may incur as a result of my participation. By marking one or more of the boxes and adding my initials in Section 1 above, to the fullest extent of the law, I release and agree not to sue SOI, any Special Olympics Program (a "Program" or "Programs"), Local Organizing Committee or other Special Olympics organization, or their directors, agents, volunteers, and employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises (collectively, the "Releasees") for any claims that may arise out of taking or failing to take measures to provide me with emergency medical care even if arising from the negligence of the Releasees. I am agreeing to this release, and acknowledge I have given up substantial rights, because I have refused, knowingly and voluntarily, without inducement, to give the Releasees permission to take emergency measures, and I am expressly withholding consent to emergency medical care on religious or other grounds. I further agree that if, despite this release, I or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify and hold harmless each of the Releasees from any such liabilities, claims, or losses resulting from that claim. I agree that if any part of this Form is held to be invalid, the remaining parts shall continue in full force and effect.

3. **Printed Instructions.** I agree to carry printed instructions that describe my religious or other objections to emergency medical care as described in this Form and how I wish the person accompanying me to respond if I get sick or hurt and cannot speak for myself. I agree to carry these printed instructions with me at all times during my participation in any Special Olympics activity, including during mealtimes, in overnight accommodations, at training sessions and competitions, and during travel to and from Special Olympics activities.

4. **Parent or Guardian Accompaniment.** I understand that I must be accompanied by a Parent/Guardian in order for that person to take personal responsibility for me during a medical emergency in which I am unable to speak for myself.
5. **Emergency Medical Care If Athlete Is Not Accompanied.** I understand that if I am not carrying the printed instructions or the accompanying Parent/Guardian is not present and actively taking personal responsibility for me during a medical emergency where I am unable to speak for myself, Special Olympics may seek emergency medical care for me as recommended by medical professionals responding to the emergency. I waive any claims against the Releasees should they seek emergency care for me.

Athlete Name: \_\_\_\_\_

**ATHLETE SIGNATURE**

(required for adult athlete with capacity to sign legal documents)

I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.

Athlete Signature: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**PARENT/GUARDIAN SIGNATURE**

(required for athlete who is a minor or lacks capacity to sign legal documents)

I am a parent or guardian of the athlete. I have read and understand this form and have explained the contents to the athlete as appropriate. By signing, I agree to this form on my own behalf and on behalf of the athlete.

Parent/Guardian Signature: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship: \_\_\_\_\_