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 for the Junior Athlete and have marked a box under the Emergency Care provision on the Special Olympics Junior Athletes Registration Form ("JA Registration Form").

I am the Parent/Guardian of the Junior Athlete named below.

1. **No Consent to Emergency Medical Care**. I understand that the Junior Athlete Registration form requires their Parents/Guardians to consent to emergency medical care for a Junior Athlete if needed in an emergency. Based on my religious beliefs and/or other reasons **I DO NOT CONSENT** to emergency medical care for the Junior Athlete 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 FOR THE JUNIOR ATHLETE, EVEN IN A LIFE-THREATENING EMERGENCY. **INITIALS**: _____
   - ☐ I DO NOT CONSENT TO BLOOD TRANSFUSIONS FOR THE JUNIOR ATHLETE, 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 the Junior Athlete participating in Junior Athletes activities ("JA Activities") and fully accept and assume all risks and all responsibility for losses, costs, and damages that may incur as a result of their 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 the Junior Athlete with emergency medical care even if arising from the negligence of the Releasees. I am agreeing to this release on the Junior Athlete's behalf, 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 for the Junior Athlete 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 ensure that the Junior Athlete carries printed instructions that describe our religious or other objections to emergency medical care as described in this Form and how I wish the person accompanying the Junior Athlete to respond if the Junior Athlete gets sick or hurt and cannot speak for themselves. These printed instructions will be carried at all times during participation in Junior Athletes

4. **Emergency Medical Care If Athlete Is Not Accompanied**. I understand that if the Junior Athlete is not carrying the printed instructions or if I, as the Parent/Guardian, am not present and actively taking personal responsibility during a medical emergency where the Junior Athlete is unable to speak for themselves, Special Olympics may seek emergency medical care for the Junior Athlete as recommended by medical professionals responding to the emergency. I waive any claims against the Releasees should they seek emergency care for the Junior Athlete.

Junior Athlete Name:	
PARENT/GUARDIAN SIGNATURE	
I am a parent or guardian of the Junior Athlete. I have read and understand this form. By signing, I agree to this form on my own behalf and on behalf of the Junior Athlete.	
Parent/Guardian Signature:	**Date:**
Printed Name:	**Relationship:**