OFFICIAL SPECIAL OLYMPICS RELEASE FORM



						Mississippi	
AREA:			sc	HOOL/	AGENCY:		
ATHLETE NAME:	Last:				First:		
DATE OF BIRTH:	month	/ / day	year				
in Special Olympics achaving an intellectual contained in my (or my evidence which would (has) Down Syndrome flexion or direct pressures Release for Athletes which had a a full radio complete the "Special (or my minor child) mudiving, pentathlon, but Special Olympics has	and/or de minor chi preclude r, I (or my re on my rith Atlanto blogical e. Release the terfly strol	represent the evelopmental ild's) applica me (or my minor child) (or my minor child) -Axial Instal xamination was for Athletes whe radiologic ke, diving states	at I (or my minor chal disability. I also nation and has certification child) from participate in child's) neck or upublity," available from which establishes the with Atlanto-Axial In cal examination befarts in swimming, had during and anytime	represented, based icipating n sports oper spinmente Spherabselity ore I (or light jump e after), 1	my minor child) am (is) physically and t eligibility requirement(s) for participate that a licensed physician has reviewed on an independent medical examination in Special Olympics. I understand that or events which, by their nature, result e unless I and two physicians have connecial Olympics Program in my area, once of Atlanto-Axial Instability. I am away form which establishes the absence on my minor child) can participate in equal, alpine skiing, squat lift and football (see ouse my (or my minor child's) likeness and in any form for the purpose of additional and form for the purpose of additional contracts.	tion in Special Olympics by wed the health information ion, that there is no medica if I (or my minor child) have in hyper-extension, radica mpleted the official "Speciar I (or my minor child) have ware that if I choose not to of Atlanto-Axial Instability, estrian sports, gymnastics soccer).	
			-		and in any form, for the purpose of adduster these purposes and active to support these purposes and active to support these purposes and active the support the s	-	
TO BE COMPLETE ADULT ATHLETE	DBY			0R	TO BE COMPLETED BY PARENT/GUARDIAN OF MINOR	R ATHLETE	
If, during my participation in Special Olympics activities, I should need emergency treatment, and I am not able to give my consent or make my own arrangements for that treatment because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization. I understand that it is my responsibility to acquire, review and complete the Athlete Code of Conduct form for the safety and health of both myself					If a medical emergency should arise participation in any Special Olympics active personally present so as to be consulted hereby authorize Special Olympics, on measures are necessary to ensure that the emergency medical treatment, including Olympics deems advisable in order to provide and well-being.	during the minor athlete's vities, at a time when I am not regarding the athlete's care, my behalf, to take whateven a athlete is provided with any hospitalization, which Specia	
and my fellow athletes. I am at least 18 years old and have submitted the attached application for participation in Special Olympics. I have read this paper and fully understand the provisions of the release that I am signing. I understand that by signing this paper, I am saying that I agree to the provisions of this release.				y d	I understand that it is my responsibility to acquire, review and complete the Athlete Code of Conduct form, with and for my athlete, for the safety and health of both my child and their fellow athletes. I am the parent/guardian of the minor athlete named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the athlete. Through my signature on this release form, I am agreeing to the above provisions on my own		
Signature of Adult Athlete I hereby certify that I have signature appears above athlete understands this r	e reviewed . I am satis	sfied, based o	on that review, that the		behalf and on the behalf of the athlete named above. I hereby give my permission for the athlete named above to participate in Special Olympics games, recreation programs and physical activity programs.		
Name (print):				_	Signature of Parent/Guardian	Date	

Relationship to athlete: _