



**EMERGENCY MEDICAL CARE REFUSAL FORM – ATHLETE COMPLETION**

(To be completed by athlete signing on own behalf)

**Instructions:** Only complete this form if you do not consent to emergency medical care on religious or other grounds and have checked a box under the Emergency Care provision on the Athlete Release Form.

I, \_\_\_\_\_, am at least 18 years old and agree to the following:

1. **No Consent to Emergency Medical Care.** I understand that Special Olympics/Special Olympics Maryland /Special Olympics/Special Olympics Maryland Maryland's standard registration form requires athletes or their parents or guardians to consent to emergency medical care for the athlete if needed in an emergency. Based on religious beliefs or other reasons I am not consenting to emergency medical care.

**YOU MUST CHECK THE BOX AND WRITE YOUR INITIALS NEXT TO ONE STATEMENT TO CONFIRM YOUR INTENT:**

**I DO NOT CONSENT TO ANY KIND OF MEDICAL TREATMENT, 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. **Printed Instructions.** I agree to carry printed instructions that describe my religious or other objections to medical treatment and how I wish Special Olympics/Special Olympics Maryland 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/Special Olympics Maryland activity, including during meal times, in overnight accommodations, at training sessions and competitions, and during travel to and from Special Olympics/Special Olympics Maryland activities.

3. **Friend or Family Accompaniment.** I agree that I will be accompanied by an adult friend or family member at all times during my participation in any Special Olympics/Special Olympics Maryland activity, so that this person can take personal responsibility for me during a medical emergency where I am unable to speak for myself. I understand that if this friend or family member is not present at all times, I will not be permitted to participate in Special Olympics/Special Olympics Maryland activities, and that no exceptions will be made.

4. **No Guarantee.** I understand that Special Olympics/Special Olympics Maryland cannot guarantee that emergency medical care will be withheld if I am not carrying the printed instructions **or** the accompanying adult is not present and actively taking personal responsibility for me during a medical emergency where I am unable to speak for myself.

5. **Liability Release.** I release Special Olympics/Special Olympics Maryland, its employees, and its volunteers from all claims that may arise out of taking or failing to take measures to provide me with emergency medical care. I am agreeing to this release because I have refused, knowingly and voluntarily, to give Special Olympics/Special Olympics Maryland permission to take emergency measures, and I am expressly directing Special Olympics/Special Olympics Maryland not to do so on religious or other grounds.

**I have read and understand this release. By signing, I agree to this release.**

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

**By signing, I agree to accompany the Athlete during all Special Olympics/Special Olympics Maryland activities and take personal responsibility for the Athlete during an emergency. I understand the extent to which the Athlete does not consent to emergency medical care and agree to act in accordance with the Athlete's wishes as I understand them.**

Signature of Accompanying Adult: \_\_\_\_\_ Date: \_\_\_\_\_

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