



Special Olympics Pennsylvania Release Form

Special Olympics Pennsylvania strongly encourages all Athletes to remain with their delegation. However, in the event that a parent, legal guardian or other responsible party wants to take an athlete away from the Delegation activities during the course of the games or from the Games entirely (only after Closing Ceremonies completion), they must complete this form. These times must not conflict with the athlete's competition.

I, _____ request Special Olympics Pennsylvania to allow Special Olympics PA Athlete,
(printed name)

_____ to be released to my custody on _____, ____/____/2017.
(printed name of athlete) (day) (date)

DAY RELEASE

I agree to the following arrangements;

- Pick Up Point (location): _____
- Time of Pick Up: _____ a.m. / p.m. (circle one)
- Name of person Picking Up Athlete: _____
- Drop off Point (location): _____
- Time of Drop Off: _____ a.m. / p.m. (circle one)
- Name of Person Dropping off Athlete: _____

POST GAMES (AFTER CLOSING CEREMONIES ONLY) RELEASE

I agree to the following arrangements;

- Pick Up Point (location): _____
- Time of Pick Up: _____ a.m. / p.m. (circle one)
- Name of Person Picking Up Athlete: _____
- Reason for release: _____

I further understand that by signing this statement I release Special Olympics Pennsylvania and their agents (staff and volunteers) from any responsibility for any incidence that may occur while the above athlete is in my care.

(signature)

(relationship to athlete)

____ / ____ / 2017
(date)

SOPA Staff Signature: _____ ____/____/2017
(date)

Delegation-Head Coach's Signature: _____ ____/____/2017
(date)

Note: SOPA Staff has the right to deny this request. If guardianship is questioned, an athlete will not be released.

THIS FORM MUST BE COMPLETED AND APPROVED 48 HOURS IN ADVANCE OF RELEASE