



Franklin County Special Olympics Pennsylvania

Release Form

In the event that a parent, legal guardian or other responsible party wants to take an athlete home from this event, they must complete this form. These times should not conflict with the athlete's competition.

I, _____ request Special Olympics Pennsylvania to allow athlete,
(Printed name)

_____ to be released to my custody on _____, ____/____/16
(Printed name of athlete) (Day) (Date)

EVENT 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: _____

RETURN INFORMATION

- Return Point (location): _____
- Return Time: _____ a.m. / p.m. (circle one)**

**Please note: due to a time schedule events will not be held if the athlete is returned late and misses their competition.

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)

_____/_____/2016
(Date)

Head of Delegation/Manager's Signature: _____ ____/____/2016
(Date)

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