



**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 \_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(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)

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Date)

Head of Delegation/Manager's Signature: \_\_\_\_\_  
(Date)

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