



ADDENDUM TO OFFICIAL SPECIAL OLYMPICS RELEASE FORM

I acknowledge that Special Olympics events may involve overnight activities and that the housing arrangements for each event may differ. I understand that I should contact the Special Olympics Program in my jurisdiction if I have any questions about housing arrangements for a specific event or the housing policy in general.

SIGNATURE OF ADULT ATHLETE

DATE

I hereby certify that I have reviewed this information with the Athlete whose signature appears above. I am satisfied based on that review that the Athlete understands this information and has agreed to its terms.

Name (Print): _____

Relationship to Athlete: _____
(e.g. family member, teacher, coach, etc.)

-or-

SIGNATURE OF PARENT/GUARDIAN

DATE