



2025-26 USABS Medical Waiver Policy

The purpose of a medical waiver is to allow a USABS athlete with a phase level of Development Phase 1 (DP1) or higher within the Skeleton/Bobsled Athlete Progression Pathway (SAPP/BAPP) that is being considered for World Cup selection to remain eligible for selection despite experiencing an injury that *prohibits* the athlete from participating. Athletes are expected to compete if physically and safely able. If an athlete is physically unable to compete, they may request a waiver. Therefore, an injury that partially inhibits or hinders the athlete from competing at full capacity will not be reason to grant a waiver.

The waiver may be for any USABS event required for World Cup eligibility including 1) Push Championships for a non-rookie bobsled athlete 2) Selection Races for skeleton athletes or bobsled pilots or 3) other required testing such as sprint or jump testing. These events are described in the USABS Skeleton Selection Criteria (Section 4) and the USABS Bobsled Selection Criteria (Section 2).

To request a medical waiver, an athlete must be assessed by a medical physician and complete the form found below or at this [link in the Athlete Handbook](#). The USABS Chief Medical Officer (CMO), Dr. Eugene Byrne or a designee must review and sign the form before being submitted. The form must then be emailed to the Director of Sport Performance, Curt Tomasevicz curt.tomasevicz@usabs.com.

A fee of \$100 must be submitted at the time of the waiver request [here](#). If the waiver is granted, the fee will be returned to the athlete.

A selection committee consisting of the Director of Sport Performance, the discipline head coach, a medical professional, and two athlete representatives will determine if the athlete's request will or won't be granted. The committee will consider the following factors:

- the input from the CMO and examining physician
- the type of injury and its relation to skeleton or bobsled training/racing
- the schedule and timing of any recovery and rehabilitation
- the severity of the injury

Note that a granted waiver is only for consideration of World Cup selection and does not guarantee the athlete's phase level within the USABS Skeleton/Bobsled Athlete Progression Pathway (SAPP/BAPP). SAPP/BAPP support and funding are separately considered on a case-by-case basis by the discipline head coach and Director of Sport Performance. This includes all resources outlined in the SAPP/BAPP Athlete Support table including OPTC resident and program housing, Direct Athlete Support (DAS), Development Direct Athlete Support,



(DDAS), Elite Athlete Health Insurance (EAHI), USOPC services, and equipment allocation, etc.

Following a granted waiver, the athlete will acknowledge a Return-To-Play (RTP) process that will include the following:

1. The athlete will not be considered for the first half of the World Cup season and will only be considered as a discretionary selection for the second half of the season or for World Championship / Olympic selection. If the athlete can demonstrate recovery from the injury prior to the first half of the season selection, they may still be considered for World Cup selection for the first half. The details of this demonstration will be communicated to the athlete at the time of the granted waiver complete with a timeline.
2. The athlete must be assessed and cleared to participate by the USABS CMO or member of the USABS or USOPC sports medicine team.
3. The Waiver Committee may determine that the athlete will need to perform an equivalent performance of the missed event. That is, in the case of a waived Push Championships, the athlete will demonstrate recovery from the injury by pushing in the Lake Placid Ice House using the same race protocol as the Push Championships competition (solo pushes only for bobsled). In the case of a waived Selection Race, the athletes will demonstrate recovery by sliding on the same Selection Race track. A sprint or vertical jump performance may also be part of the demonstration. Those performance results could then be used by the Selection Committee when selecting the World Cup team for the second half of the season or for World Championships/Olympics.

Extreme Circumstance Waiver Policy

The purpose of an Extreme Circumstance waiver is to allow an athlete to remain eligible for World Cup selection despite missing a required event due to a temporary situation or event that is out of the control of the athlete. The waiver may be for any required USABS event including 1) Push Championships for a non-rookie bobsled athlete 2) Selection Races for skeleton athletes or bobsled pilots or 3) other required testing such as sprint or jump testing. These events are described in the USABS Skeleton Selection Criteria (Section 4) and the USABS Bobsled Selection Criteria (Section 2).

To request an extreme circumstance waiver, an athlete must complete the form found at this [link in the Athlete Handbook](#) and provide a detailed explanation of the situation including



why it is prohibiting the athlete from competing in the event(s). Relevant supporting documentation is encouraged to be submitted with the waiver request. The form must be emailed to the Director of Sport Performance, Curt Tomasevicz curt.tomasevicz@usabs.com.

A fee of \$100 must be submitted at the time of the waiver request [here](#). If granted, the fee will be returned to the athlete.

A selection committee consisting of the Director of Sport Performance, the Head Coach, an Assistant Coach, and two Athlete Representatives will determine if the athlete's request will or won't be granted. The committee will consider the following factors:

- the general nature and timing of the situation as it relates to the missed event
- other related factors regarding the athlete and the situation

Note that a granted waiver does not guarantee the athlete's phase level within the USABS Skeleton/Bobsled Athlete Progression Pathway (SAPP/BAPP). SAPP/BAPP support and funding are separately considered on a case-by-case basis. The discipline head coach and Director of Sport Performance will determine if further support and resources will be extended to the athlete. This includes all resources outlined in the SAPP/BAPP Athlete Support table including OPTC resident and program housing, Direct Athlete Support, Elite Athlete Health Insurance (EAHI), Development Direct Athlete Support (DDAS), USOPC services, and equipment allocation, etc.

Following a granted waiver, the athlete will acknowledge the Contingency process that will include the following:

1. Depending on the nature of the situation, the athlete *may* be considered for the first half of the World Cup season.
2. The Waiver Committee may determine that the athlete will need to perform an equivalent performance of the missed event. That is, in the case of a waived Push Championships, the athlete will demonstrate recovery from the injury by pushing in the Lake Placid Ice House using the same race protocol as the Push Championships competition (solo pushes only for bobsled). In the case of a waived Selection Race, the athletes will demonstrate recovery by sliding on the same Selection Race track. A sprint or vertical jump performance may also be part of the demonstration. Those performance results may then be used by the Selection Committee when selecting the World Cup team for first or second half or the World Championships/Olympics team.



USABS WAIVER REQUEST FORM

All waiver requests for USABS events must be submitted to the Director of Sport Performance in writing via hard copy or email (curt.tomasevicz@usabs.com) as soon as feasible. The waiver fee of \$100.00 must be paid prior to the Waiver Committee's review. Following receipt, the Waiver Committee will review the request and will make a decision and provide a written copy or email of the approval or denial of the waiver to the athlete within seven (7) days. Approved waivers will receive a \$100.00 refund of their fee. For non-approved waivers, fees are non-refundable.

Athlete Name _____

Date of Waiver Request _____

Event(s) to be waived _____

E-mail address _____

Signature _____ Date _____

By signing this document, I do hereby state that the reasoning for the waiver request is significant and is *prohibiting* my ability to compete in the listed event(s) and the details provided are accurate to the best of my knowledge. I have read the Waiver Policy and understand the implications whether the waiver is approved or denied.

Please submit the waiver payment [online here](#) and include a copy of your receipt with your waiver submission.



Check one of the following:

_____ I am seeking a waiver due to an extreme circumstance/situation

Extreme circumstance details to be considered by the Waiver Committee _____

_____ I am seeking a medical/illness waiver

Medical/injury details to be considered by the Waiver Committee _____

Chief Medical Officer (CMO) or designee's comments & recommendations _____

CMO or designee signature _____ Date _____