



US SPEEDSKATING

MEDAL CONTENDER PETITION FORM

Athlete Name: _____

Competition(s) in which Exercising Medal Contender Provision: _____

Distance(s) in which Exercising Medal Contender Provision: _____

Date & Time of Petition Form Submission: _____

Home Address: _____

Date of Birth: _____

Check One of the Following:

_____ I wish to invoke the Medal Contender Provision due to an illness or injury.

_____ I wish to invoke the Medal Contender Provision due to an exceptional circumstance.

Illness or Injury Section

If invoking the Medal Contender Provision due to an illness or injury, please complete the section below:

I, _____, do hereby request that the
(Athlete name)

(Physician's Office, Name of Hospital, etc.)

release medical information contained in my medical records for the periods of and/or relative to the following specified illness or injury:

Information can be released to the following individuals:

US Speedskating Staff, USS Petition Committee, and USS approved Medical Personnel

I understand that releasing copies of this information shall no longer guarantee the confidentiality of the information contained in my medical records. I release my attending physician(s), all individuals listed above, and _____
(Physician's Office, Name of Hospital, etc.)

personnel from liability concerning the release of this information.

The following information can be released:

- History and Physical Examination _____ Yes _____ No
- Consultation Report(s) _____ Yes _____ No
- Operative Report(s) _____ Yes _____ No
- Laboratory Report(s) _____ Yes _____ No
- Radiology Report(s) _____ Yes _____ No
- Progress Notes(s) _____ Yes _____ No
- Physician's Orders _____ Yes _____ No
- ER/OR Report(s) _____ Yes _____ No
- Other Reports (specify) _____

I understand that this release will become a permanent part of my medical record. The release will expire thirty days from the date listed above, unless previously revoked by myself.

Furthermore, I hereby fully release U.S. Speedskating and each of its members, officers, directors, employees, agents, and other representatives of any nature whatsoever of and from any and all liabilities, damages, claims or causes of action of any nature or kind whatsoever which I have or may claim to have, arising out of or having any connection, directly or indirectly with the release of my medical records.

Signature _____ Date _____
(Athlete)

Signature* _____ Date _____
(*Parent/Legal Guardian if athlete is a minor)

Witness _____ Date _____

Exceptional Circumstance Section

If invoking the Medal Contender Provision due to an exceptional circumstance, please complete the section below:

Please provide a detailed explanation of the exceptional circumstance:

I, _____, do hereby state that the named documents,
(Athlete name)
approved testimonies, and evidence listed below are legitimate reasons in which I could not
compete or complete my race(s) at the selection competition.

List of items presented to US Speedskating:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Signature _____ Date _____
(Athlete)

Signature* _____ Date _____
*(*Parent/Legal Guardian if athlete is a minor)*

Witness _____ Date _____